



School of Education Personnel Appointment Form

Employee Information

Name: _____ SUID: _____

Address: _____

City: _____ State: _____ Zip: _____

Citizenship:

Effective Employ Date:

Position Information

Department: _____ Position Number: _____

Position Title: _____

Chart String: _____

Employee Type:

Other Explanation:

Employment Dates:

From:

To:

Salary Information

Pay Frequency: _____ Pay Rate: _____

Weekly Standard Hours: _____

Description of services to be provided

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

*All **new employees** or those employees that have not worked for the University in the past year must submit an I-9 and two forms of ID at the Human Resources Office at Skytop Office Building or Rm 210 Steele Hall*