

Campus ID NUMBER: _____

Full Time ___ Part Time ___ Temporary ___

NAME (Last Name, First Name, Middle Initial)

HOME ADDRESS (Street, City, State, Zip Code)

TELEPHONE

CAMPUS ADDRESS (Building Name, Room Number)

DATE OF BIRTH: _____

CAMPUS TELEPHONE: _____

PROPOSED STATUS

JOB TITLE _____

CLASSIFICATION:

Administrative ___ Classified ___ Faculty ___ Professional ___

DEPARTMENT NAME	Budget# (ex. 3-21045)	Department No. (ex. E0501)	Object Code (ex. 2410)	Hourly	Salary Monthly	Annual

NEW POSITION? __ YES __ NO REPLACEMENT? __ YES, FOR (NAME) _____

Pay Grade: _____ Pay Step: _____ Number of Months Employment: __ 9 __ 10 __ 11 __ 12

Work Week: __ 37.5 hrs (Faculty Only) __ 40 __ Other If other, specify _____ (Part-time = 0-29 hours per week)

(Full-Time ex: ≥30 hrs per week; Part-Time ex: ≤29 hrs per week)

From: _____ Through: _____

IT IS HEREBY CERTIFIED THAT THE STATUS OF THE AFORESAID INDIVIDUAL IS AS FOLLOWS:

EXEMPT WAGE & HOUR __ Yes __ No PERCENT OF FULL TIME: _____ %

EDUCATIONAL LEVEL (Specify Degrees Held) _____

EXPERIENCE: TEACHING ___ Years RELATED SERVICE _____ Years

ELIGIBLE FOR BENEFITS: ___ YES ___ NO

RECOMMENDED:

HEAD OF DEPARTMENT DATE

PRESIDENT DATE

VICE PRESIDENT DATE

APPROVED AFFIRMATIVE ACTION DATE

VP FOR FISCAL AFFAIRS/APPROVED AFFIRMATIVE ACTION DATE