

Personnel Staff Request

Name of Supervisor/Requestor : _____

Need For: College Center PSID: _____

Name of New Hire: _____

Funding/Cost Center: _____

Proposed Start Date: _____ End Date: _____

Proposed Pay Rate : _____ Monthly/Biweekly _____

Proposed Room/Office #: _____

For All Positions:

Job Title: _____

Security Sensitive Position: Yes No

Employment Type: Full time Part Time FTE: _____
(Check all that apply) Permanent Temporary

For Student Positions:

Enrolled Not Enrolled Semester: _____

Brief Statement of Duties

Requestor: By signing this form you acknowledge the information concerning the employment of the above named individual is accurate. Upon assignment end or termination, you agree to notify the appropriate office immediately so proper action can be taken.

Signature of Requestor

Date

After completion and submittal of this form, please send the prospective employee to the appropriate office for processing. All employees must provide documentation to establish identity and employment eligibility.

Business Office Use Only

Received By: _____ Receipt Date: _____

Remarks after processing: