

Personnel Form

Mail or bring completed original form to:
Office of the Associate Dean for Administration 306 Graduate Education Building 575-3620

Employee Information

Employee Name Is This Person a Student? Yes No
(Please print or type)

Department BU Start Date End Date
 Payroll CCN Name Payroll CCN # % *(if applicable)*

Appointed Employees Only

Annual Salary Position # Is this person a current UA employee? Yes No

Keys UA Applications/License
(Give building & room description, Ex: GRAD 239) *(Ex: meeting maker, SAS, etc.. **Attach Purchase Request form**)*

Other

Faculty Work Load Attached On File Appointment 9mo. 12mo.

Graduate Assistant Yes No If Yes, is this a Walton Fellow? Yes No
Attach completed and signed graduate assistant application and agreement form

Tuition Centrally Funded? Yes No If no, Please list tuition waiver CCN below.

Tuition Waiver CCN Name Tuition Waiver CCN# %

Type of Work: Teaching Non-Teaching Support Research Administrative Support Other (specify)		Full Tuition Waiver Tuition Limited to _____ Hours
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Non Appointed Employees Only

Hourly	Work Study	Adjunct	Rate of pay \$	Hourly	Unit
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Brief Description of Duties:

Supervisor Name <i>(Please print or type)</i>	Email	Phone
Supervisor Signature		Date

Department Head Approval	Date
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Approving Signature	Date
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