

COEHP Personnel Form

Mail or bring original to: Office for Administration - GRAD 308 - 575-3596

Employee Information

Employee name: _____ Is this person a student? Yes No
 Department BU: _____
 Start date: _____ End date: _____
(If applicable)

Payroll cost center name:	Payroll cost center number:	% or \$

Appointed Employees Only

Annual salary: _____ Position #: _____ Current UA employee? Yes No
 Faculty work load: Attached On File Appointment: 9 month 12 month
 Graduate Assistant: Yes No GA classification: Doctoral Master
Attach completed and signed graduate assistant application & agreement form

Tuition centrally funded? Yes No If no, please list tuition waiver CCN below

Tuition waiver cost center name:	Tuition waiver cost center number:	%

Type of work: Full tuition waiver
 Teaching
 Non-teaching support Tuition limited to _____ hours
 Research
 Administrative support
 Other (specify)

Non Appointed Employees Only

Hourly Work Study Adjunct Rate of pay \$: _____ Hourly Unit

Brief description of duties:

Supervisor name: _____ Email: _____ Phone: _____

Signatures

Supervisor signature: _____ Date: _____
 Department head signature _____ Date: _____