

# 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  
Research  
Administrative support  
Other (specify) \_\_\_\_\_  
Tuition limited to \_\_\_\_\_ hours

## Non Appointed Employees Only

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

Brief description of duties:

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Supervisor name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## Signatures

Supervisor signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Department head signature: \_\_\_\_\_ Date: \_\_\_\_\_