

# 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)	
International Hire?	Yes	No		
Payroll worktag name:	_____	Payroll worktag:	% or \$	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	

## Graduate Assistant 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	
<i>Attach completed and signed graduate assistant application &amp; agreement form</i>						
Tuition centrally funded?	Yes	No	If no, please list tuition waiver CCN below			
Tuition waiver worktag name:	_____	Tuition waiver worktag:	%			
_____	_____	_____	_____			
_____	_____	_____	_____			

Type of work:	Teaching	Full tuition waiver
	Non-teaching support	Tuition hour limit: _____
	Research	Fall: _____
	Administrative support	Spring: _____
	Other (specify)	Summer: _____

## Hourly/Workstudy 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:	_____