



Section 1: Employment Authorization			
Employee Name		Form Prepared by/Phone	
Department/Division/Unit		Replacement of	
V#	SS# (if V# is not available)	Position/E#	
<input type="checkbox"/> Initial Appointment	<input type="checkbox"/> Promotion	<input type="checkbox"/> Agency Transfer	
<input type="checkbox"/> Rehire/Reappointed	<input type="checkbox"/> Direct Appointment	Dept/Agency Transferring from _____	
Salary Rate	Annual	Monthly	Hourly
Beginning Date	Ending Date (if applicable)	Job Location (if not WOU)	

Section 2a: Staff Position Information			(** Attach Signed Position Description.)	
Working Title **				
Type of Position	<input type="checkbox"/> Classified	<input type="checkbox"/> Unclassified /Administrative	<input type="checkbox"/> Temporary	<input type="checkbox"/> Graduate Assistant
FTE	Class Number (If Classified)	Classification (if Classified)		
Eligible for FLSA <input type="checkbox"/> Yes <input type="checkbox"/> No	E-Class (HR/Payroll use only)	<input type="checkbox"/> 12 Mo. Position <input type="checkbox"/> Academic Year	<input type="checkbox"/> Limited Duration <input type="checkbox"/> Other	

Section 2b: Faculty Position Information					(** Attach Position Announcement & Workload.)	
Title/Rank **		Discipline		<input type="checkbox"/> Advisor		
<input type="checkbox"/> Annual Tenure (9mo) <input type="checkbox"/> Indefinite (9mo)	Annual FTE	Fall FTE	Winter FTE	Spring FTE		
<input type="checkbox"/> A, I, or NTT (12mo) <input type="checkbox"/> NTT (9mo)	Summer FTE	Fall FTE	Winter FTE	Spring FTE		

Section 3: Funding Information (Fiscal Year)			(Approval signatures below confirm funding.)	
Major Org. _____	Index # _____	Index # _____	Totals:	
Wages charged to index	\$ _____	\$ _____	\$ _____	
OPE charged to index	\$ _____	\$ _____	\$ _____	

Approval Signatures	Date
Division Chair or Supervisor:	
Dean or Director:	
Provost or Vice President:	
Human Resources Director:	
Budget/Payroll Director:	