## **Appointment Form For Faculty and P&A Staff**

Route this form to: UMM Dean's Office 315 Behmler Hall UMM Appointment Form

**Rev:** 07/2004

Hiring Units must complete this form after successfully hiring a candidate for any open Faculty or P&A position.

Submit this completed form with Vita, and Transcript to the Dean's Office.

	<u>Hire full-time employee</u> : Upon receipt of completed Appointment Form, offer letter is sent from Chancellor's or Vice Chancellor's Office.					
	<u>Hire part-time employee</u> : Offer letter is sent from division/department, with copy attached to Appointment Form.					
	<b>Rehire full or part-time employee</b> : The person is already employed by UMM in renewable appointment; there is an appointment change (other than renewal/salary). Offer letter is sent from division/department, with copy attached to Appointment Form.					
	<u>Renew full or part-time employee</u> : The person is already employed by UMM in renewable appointment and <u>there is no appointment change</u> except renewal/salary. <i>Full-time employees</i> receive renewal/salary letter, following budget process, from Chancellor's Office. <i>Part-time employees</i> receive renewal/salary letter from their division/department; with copy sent to the Dean's Office. <b>Do not complete this Form.</b>					
Full N	Name of Person Hired:					
Job C Discip	isition Number: Code Number and Title: pline/Department Number and ng Address (for hiring letter):	Name:				
Social	enship: I Security #: of Birth:					
_	est Degree Awarded (not anticipe Received and Date:	pated):				
Term	(A, K, E, L):	Type (N, K, Oth	ner):			
Percent Time:		New or Replacement (Name):				
Term Start Date:		Actual Appointment Start Date:				
Term End Date: Act		Actual Appoint	ctual Appointment End Date:			
Base Salary: Actual Sala		Actual Salary:				
Other	er: If Tenure-Track, give years prior credit (if any):					
Super	rvisor signature and date:					
Routin	g: HR/payroll	_VC or Dean	Financial Officer	CUFS#		
Compl	ete for Grant Funded Positions ONL	Y: GDO Approval	Total Funding Period	Total Funding		
	For Payroll Office Use O	nly				
	Employee ID		Effective Date			
	Action		Reason			
	Standard Hours		FTE			
	Comp Rate		Paid over 12	ves no		