

HEKTOEN HUMAN RESOURCES NEW EMPLOYEE APPOINTMENT FORM

Dept*:				Supervisor*:				Supervisor Phone*:		
First Name*: Last Name*								Middle Initial:	Employee Number:	
Job Title*:			I	Date of Hire*:				Rehire		
EMPLOYEE PAYROLL ASSIGNMENT * Full-Time										
☐ Job Title Change: ☐ Job Description Required										
Salary Information (check One): Institutional Base Salary \$(100%) Salary Requested \$ FTE %										
Semi-monthly Rate (24 pay cycles) \$ Hourly Rate \$										
Performance Review Appraisal and Development Due: Note: Performance Appraisal and Development (PAD) Program is required annually (see website at www.hektoen.org for this form)										
LABOR DISTRIBUTION										
*Grant Number	*Hours	*% of Salary	*Allocated Pay Rate	*Name	of Grant	*Start Date	*En	d Date	*Principal Inve	estigator Signature
Hektoen Insti to final appro unless covere	osition indi itute. I undo oval by Hek d by a colle	erstand thi toen and is ctive barga	re as an employee of s position is subject s terminable at will aining. I also agree ons of the Hektoen	This appointment is consistent with sponsored program terms and conditions and with Hektoen policies.				SE ONLY Rehire Last Date of w Laid off Recall Date: Seniority Date:	<u> </u>	
Employee Sig	gnature		Date	Director of Post Award Grants Signature Date						
				Controller Signature Date						
				Administrator Signature Date PAY			PAYI	ROLL USE ONLY		
				Director of Human Resources Signature Date Pay I			Period End Date: Entered by:			
				Payroll Admir	ayroll Administrator Signature Date					