

CNR TEMPORARY STAFF EMPLOYMENT FORM

Please select one of the following:

- NEW HIRE** (has never previously worked for UI)
- ADDITIONAL APPOINTMENT**
- REAPPOINTMENT - DATE LAST TERMED:** _____
- PAY RATE CHANGE**

Employee Information

Name: _____ V#: _____
 Address: _____ Phone: _____
 _____ Email: _____

Department Information

Department: _____ Supervisor: _____

Appointment Details

Position Type: <input type="checkbox"/> Student Temp <input type="checkbox"/> Work Study w/ Job ID: _____ <input type="checkbox"/> Non-Student Temp	Position Title: _____ Position Pay Rate: _____	Description of Duties <i>(may attach additional page if needed)</i> : _____ _____ _____ _____ Work Location: _____
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Start Date: _____ Term Date: _____ <small>*Please line up with Pay Period Schedule*</small>	Budget Index(es): <input type="checkbox"/> Check here if planning to have multiple timesheets. _____ _____	Max Hours Per Week: _____ _____
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Regulatory Information / Work Authorization

CBC Completion Date: _____
 I-9/Work Authorization Card Date: _____

Driving Authorization

Will this employee need to be authorized to drive UI/Co-op vehicles? *Instructions will not be sent until I-9 has been completed*
 Yes No

ALL temporary employees MUST present a valid Work Authorization Card to their supervisor/department BEFORE performing any work.

Employee Signature *Not needed if a pay raise or reappointment _____ Date _____

Immediate Supervisor *Always required and must be board appointed employee _____ Date _____