WICHITA STATE UNIVERSITY

# OHR 300/Appointment

**Reset Form** Revised: 09/04/2009

Prepared by: _____ ☐ **State** ☐ **Affiliated Corporation**

Extension: _____ Date: _____

| Type of Appointment | |
|---|---|
| **Classified** | **Unclassified** |
| Exempt ☐ Non-Exempt ☐ | Exempt ☐ Non-Exempt ☐ |
| ☐ New | ☐ New |
| ☐ Re-instatement+ | ☐ Re-appointment |
| ☐ Re-employment+ | |
| ☐ Transfer from another agency+ | |

+for classified only, must have explanation in Comments.

**Comments**

Background check completed: ☐

| **Classified** | **Unclassified** | | | |
|---|---|---|---|---|
| | **Faculty** | **Professional** | **Instruction** | **Length of Appointment** |
| ☐ Regular | ☐ Temporary | ☐ Temporary | ☐ No | ☐ 9 month |
| ☐ Limited Term Regular | ☐ Probationary | ☐ Contingent | ☐ Less than .5 | ☐ 10 month |
| ☐ Temporary | ☐ Tenured | ☐ Provisional | ☐ .5 or more | ☐ 12 month |
| | | ☐ Regular | | ☐ Term (Other) |
| | | ☐ Executive | | |

**Grade/Step:** _____ Annual Base Pay **$** _____

**Hourly/Other Amt.** **$** _____ Hrly. or Biweekly **$** _____

**Is this appointment the result of a search?** ☐ Yes ☐ No

**Employee Information**

Name _____ *myWSU* ID# _____

Last First MI

Home Address _____

Street City State Zip

Campus Address _____

Building and Room Number Extension Campus Box

Employee's Supervisor and *WSU* ID#: _____

If unclassified 9/10/12 month:

Terminal Degree _____ From (univ.) _____ Date Awarded _____ Prior Yrs. Service _____

**Salary/Funding**

Start Date _____ Stop Date (if unclass.) _____ Eligible for ☐ Benefits ☐ Shift Diff.

Org. No. _____ Org. Name _____

Position No. _____ Position Title _____

| FTE | Proposed Funding Source(s): | | | |
|---|---|---|---|---|
| | **GU $** | | **RU $** | |
| | **GU Fund #:** | | **RU Fund #:** | |

**Required Signatures:**

Budget Review Officer: _____ Date _____

University Budget Director: _____ Date _____

President/Vice President: _____ Date _____

**BANNER APPROVED FUNDING – UNIV. BUDGET OFFICE ONLY :FTE:** _____ **PClass:** _____ **EClass:** _____

| Fund | Organization | Account | Amount | % FTE |
|---|---|---|---|---|
| | | | | |
| | | | | |

Banner Forms Completed: POSN _____ PBUD ___

**Budget Office Distribution:** Human Resources – Original, Budget Officer – Canary, Budget Review Officer – Blue, University Budget Office – Pink, President/Vice President – Tan, EEO Office – Green, Payroll - Lilac