



Revised: 09/18/2009

Prepared by: _____
Extension: _____ Date: _____
Project Director: _____

Comments
Background check completed: []

Type of Appointment
Length of Appointment
Exempt [] Non-Exempt []
New [] Re-appointment []
9 month []
10 month []
12 month []
Term (Other) []

[] Faculty/Temp [] Rank (Comments)
[] Contingent/Unclassified Professional
[] Classified/Limited Term
Grade/Step: /
[] Classified Temporary
Grade/Step: /

Is this appointment the result of a search? [] Yes [] No
Or search waiver? [] 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:
Terminal Degree _____ From (univ.) _____ Date Awarded _____

Salary/Funding

Start Date _____ Stop Date _____
Eligible for Benefits [] Yes [] No
Payment Schedule [] Biweekly [] One
Org. Name _____ Position Title _____

Table with 5 columns: Org. No., Position No., Fund No.(s), FTE, Salary/Biweekly/Hourly Amount

Required Signatures:

Office of Research Administration: _____ Date _____
Dean _____ Date _____
University Budget Director: _____ Date _____
President/Vice President: _____ Date _____

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

Table with 2 columns: Account, Amount