Department Appointment Request Form

Name of Employee: ____________________  ID: ____________________

Start Date of Work: _______  End Date of Work: _______

Working Title for this Employee: ____________________

Budget Number or Name to Charge: ____________________

PI: ____________________

Employee email address: ____________________

Employee telephone number: _______ - _______ - _______

Personnel Category (please check ☑)

☑ Graduate Student:
  ☑ MS student
  ☑ PhD student before prospectus
  ☑ PhD student after prospectus
  ☑ Laboratory TA

☑ Postdoctoral Fellow:

☑ Undergraduate student

Hours of Work per Week: _______

Hourly Rate/Biweekly Rate: _______/__________

☑ Other personnel

Please specify: _______