## CNR STUDENT/TEMPORARY STAFF EMPLOYMENT FORM

Please select one of the f	ollowing:		
☐ NEW HIRE (has never pr	reviously worked for UI)		
□ ADDITIONAL APPOINTMENT			
☐ CONTINUATION – U	PCOMING TERMINATION D	DATE:	
	TERMINATION DATE:	•	
□ PAY RATE CHANGE			
	•		
Employee Information			
Name:		V#:	
Address:		Phone:	
		Email:	
Department Information	า		
Department:	Supervisor:		
Appointment Details			
Appointment Details		Description of D	
Position Type:	Position Title:	Description of Duties (please be concise, 2-3 sentences):	
☐ Student Temp			
<ul><li>□ Non-Student Temp</li><li>□ Non-Student PERSI Temp</li></ul>	Position Pay Rate:		
u Non-Student PERSI Temp		Work Location (C	ity, State):
	Budget Index(es):  Check here if position is federally funded (partially or entirely). Federally funded positions subject to		Hours Per Week:
			*PERSI Rules: Non-Student, 20+ hrs, more than 5 months
Start Date:			
Torm Dato:	☐ Check here if planning to have m	oultiple timesheets	
*Please line up with Pay Period Schedule*	a oncor here ii planning to have ii	iditiple timesheets	
5 14 16 4	/		
Regulatory Information  *For reappointments and pay raises, p			
CBC Completion Date: Work Authorization Card Date:			
CBC Completion Date.		rk AdditionZation Care	Date
Driving Authorization			
Will employee need to be authorize	zed to drive UI/Co-op vehicles? *Ins	tructions will not be ser	nt until I-9 has been completed* ☐ Yes ☐ No
L ALL temporary employees	MUST present a valid World	k Authorization Ca	ard to their supervisor/department
	BEFORE perform	ning any work.	<del>-</del>
Employee Signature *Not needed if a pay raise or reappointment  Date			
Employed digitatal of Not needed if a pay raise of reappointment			

Date

Immediate Supervisor \*Always required and must be board appointed employee