

Regular Re-Appointment

Regular New Hire

Interim Appointment

THE UNIVERSITY OF MEMPHIS

Temporary Re-Appointment

Temporary New Hire

APPOINTMENT FORM (non-faculty)

Please Print or Type

Name _____ SSN _____

Current Address _____
Street City State Zip County

Department _____ Title _____ Timesheet ORG Over-ride _____

Work Location - Building _____ Room _____ Work Phone _____

SALARY BASE: Fiscal Year: _____ MODIFY: _____ Other: _____ Full Time: _____ Part Time: _____

Total / Annual Salary \$ _____ Index # _____ If Part Time, Average Hours Per -Week _____ Percent of Full Time _____

Begin (M-D-Y)	End (M-D-Y)	Pay Rate (Mo or Hr)	E-Class	Organization Code	Position Number	Account Code

If Grant/Limited Appointment, indicate extended end date _____

The Person named above is recommended for employment under the terms indicated. Necessary funds are available.

Appropriate University Official Signature Below

Chairperson/Department Head _____ Date _____ Dean/Director _____ Date _____ Provost/Vice President _____ Date _____

Appointee's Signature _____ Date _____ President _____ Date _____

Temporary Appointment Contract (Sign for Temporary Appointments/Re-appointments only)

As a temporary employee I understand,

- I am not eligible for employment benefits (retirement credit, state insurance plan, annual or sick leave, holiday pay, or longevity credit).
- Employment offers and continued employment are contingent upon receiving a satisfactory background report.
- This appointment does not include any assurance, obligation or guarantee of subsequent employment.
- By acceptance of this agreement, I agree to abide by the terms of the Drug-Free Workplace Act of 1988 as defined in published institution statements and policy. I also agree to notify the Department of Human Resources of any criminal drug conviction for a violation occurring in the workplace no later than five (5) days after such conviction.
- This agreement is made subject to the laws of the State of Tennessee, the requirements and policies of the Tennessee Board of Regents and the requirements and policies of this institution. This agreement may be terminated without prior notice.
- My employment with The University of Memphis is contingent upon completion of the Employment Eligibility Verification Form (Form I-9) by the first day of employment as required by law to certify work eligibility. Failure to do so will result in termination of my employment.
- Method of payment at The University of Memphis is through direct deposit to a checking or savings account at a bank or credit union. I agree to provide necessary account number/s for deposit of my salary/wages.
- This contract is not binding until approved by the Department of Human Resources and executed by me, (the appointee) and The University of Memphis.

Temporary Appointee's Signature _____ Date _____

The person named above is recommended for employment under the terms indicated. Necessary funds are available.

For Administrative Use Only

Title Code _____ Pay Grade _____ Date in Class _____ Employment _____ Promotion _____ Transfer _____

Voluntary Demotion _____ Involuntary Demotion _____ Yrs Related Exp _____ Yrs Other Higher Ed Exp _____

Remarks _____ Date _____

Records: I - 9 Status _____ Assignment No _____ FICA Code _____ Approved for Processing by Records Assistant _____ Date _____

Benefits: _____ Date _____ Retirement Code _____

The University of Memphis is an Equal Opportunity/Affirmative Action University committed to the education of a non-racially identifiable student body.

Payroll Use Only

Date Entered _____ BY _____