THE UNIVERSITY OF MAINE

FACULTY APPOINTMENT

If not typed, use black or blue ink. White paper only.		
Prepared By	Phone	Date

☐ IDS ☐ W-4 / W-4 ME ☐ Benefits Forms
☐ I-9 ☐ EEO Form ☐ Direct Deposit

Completed forms must be attached or received by OHR to create an employee record and produce a paycheck. *Federal law requires that the I-9 be completed within three days of effective date.* The remainder of the appointment packet must be received in OHR *prior to the 10th of the month or the employee's start date, whichever is sooner*.

Department

Position # _____ **O-**_____

Please attach any explanatory documentation about the terms and conditions of appointment.

1	**Prefix**	**First Name**	**Middle I**	**Last Name**	**Suffix**	**MaineStreet ID #**
2	**Job Title**					**Job Code**
3	**Start Date**		**Position Type:** (Check One) ☐ Base Funded / Ongoing ☐ Soft Money ☐ Non Salaried ☐ Fixed Length ☐ Cooperating		**Action:** ☐ New Hire ☐ FLT Extension ☐ Transfer	
4	**Planned Exit Date**					

5	**Tenure Status:** ☐ Tenure Eligible ☐ Continuing Contract Eligible ☐ With Immediate Tenure ☐ N/A			
6	**Employee Class:** ☐ Academic Year ☐ Fiscal Year ☐ Federal	**Union Code:** ☐ AFUM ☐ PATFA ☐ Non-Rep	**Employee Supervision Level:**	
7	**Supervisor Name** **Position #**	☐ **Full Time** (40 hours/week)	☐ **Part Time** _____ **% of Full Time** ☐ **Shared Appt.** _____ **% of Full Time**	
8	**Annual Salary** **$**	**Monthly Rate** **$**	**Rank** (Please circle 'R' for Research Ranks)**:** ☐ Lecturer ☐ Assistant Professor **(R)** ☐ Instructor ☐ Associate Professor **(R)** ☐ Professor **(R)**	
9	**Campus Address**			**Campus Phone #**
10	**Prior Credit (if any):** ☐12 mos. ☐ 24 mos. ☐ 36 mos.	**Tenure Home Dept:** **O-**	**Joint/Coop. Dept:** **O-**	**Discipline Code**
11	**Primary Function:** ☐ 50% or more teaching ☐ 50% teaching, not primary ☐ Less than 50% teaching			

EARNINGS DISTRIBUTION

Earn Code	Start Date	End Date	Accounting ID (10 Digits)	Chartfields	Percent	✓ Soft Money
					%	☐
Earn Code	**Start Date**	**End Date**	**Accounting ID (10 Digits)**	**Chartfields**	**Percent**	**✓ Soft Money**
					%	☐

Please check if this employee will be paid either in part or full from a federal contract with the E-Verify clause: ☐
Contact Cliff Wilbur in the Office of Research and Sponsored Programs if you need help determining this status of your accounts

☐ **Check here if additional distributions are included on reverse side or separate page.**

Please make sure that the total % for each period of time equals 100%

Other Changes/Notes:

Comments

_____ Initiating Administration Date

_____ Recommended Date

_____ Recommended Date

_____ Recommended Date

_____ Approved Date

_____ Recommended Date

10/9/2009 UM-HR

Reset