



# SALARIED APPOINTMENT

Use this form to hire regular salaried professional employees

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

**Department**  
O- \_\_\_\_\_

**If not typed, use black or blue ink. White paper only.**

Prepared By _____	Phone _____	Date _____
<input type="checkbox"/> IDS	<input type="checkbox"/> W-4 / W-4 ME	<input type="checkbox"/> Benefits Forms
<input type="checkbox"/> I-9	<input type="checkbox"/> EEO Form	<input type="checkbox"/> 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 hire.** The remainder of the appointment packet must be received in OHR prior to the 10<sup>th</sup> of the month or the employee's start date, whichever is sooner.

Position # \_\_\_\_\_

1	Prefix	First Name	Middle I	Last Name	Suffix	MaineStreet ID #
2	<b>Job Title:</b>					
3	Start Date	Planned Exit Date	Position Type (Check One): <input type="checkbox"/> Base Funded/Ongoing <input type="checkbox"/> Soft Money <input type="checkbox"/> Fixed Length <input type="checkbox"/> Non Salaried		Action: <input type="checkbox"/> New Hire <input type="checkbox"/> Transfer <input type="checkbox"/> Rehire <input type="checkbox"/> Concurrent Position	

<b>JOB INFORMATION</b>						
4	Supervisor Name		Position #	<input type="checkbox"/> Full-time (40 hours/week) <input type="checkbox"/> Part-time _____ Hours/week	Union Code: <input type="checkbox"/> UMPSA <input type="checkbox"/> Non-Rep	
5	Months in Work Year	Normal Work Year Begins: _____ Ends: _____			Employee Supervision Level	
6	Annual Salary \$	Monthly Rate \$	Probationary Length			
7	Campus Address			Campus Phone #		

<b>EARNINGS DISTRIBUTION</b>						
Earn Code	Start Date	End Date	Accounting ID (10 digits)	Chartfields	Percent	✓ Soft Money
					%	<input type="checkbox"/>
Earn Code	Start Date	End Date	Accounting ID (10 Digits)	Chartfields	Percent	✓ Soft Money
					%	<input type="checkbox"/>
Please check if this employee will be paid either in part or full from a federal contract with the E-Verify clause: <input type="checkbox"/>						
Contact Cliff Wilbur in the Office of Research and Sponsored Programs if you need help determining this status of your accounts.						
<input type="checkbox"/> Check here if additional distributions are included on reverse side or separate page.						
<i>Please make sure that the total % for each period of time equals 100%</i>						
<b>Other Changes/Notes:</b>						

Initiating Administration \_\_\_\_\_ Date \_\_\_\_\_

Recommended \_\_\_\_\_ Date \_\_\_\_\_

Recommended \_\_\_\_\_ Date \_\_\_\_\_

Approved \_\_\_\_\_ Date \_\_\_\_\_

Recommended \_\_\_\_\_ Date \_\_\_\_\_

HR Use Only	Salary Grade	Points	Job Code
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