



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 10th 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	Job Title:					
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	

JOB INFORMATION						
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			Employee Supervision Level	
		Begins:	Ends:			
6	Annual Salary	Monthly Rate	Probationary Length			
	\$	\$				
7	Campus Address			Campus Phone #		

EARNINGS DISTRIBUTION						
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:
 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:

Initiating Administration _____ Date _____

Recommended _____ Date _____

Recommended _____ Date _____

Approved _____ Date _____

Recommended _____ Date _____

HR Use Only	Salary Grade	Points	Job Code
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