APPOINTMENT INFORMATION FORM

Name _____GID/Social Security #_____
Address_____Phone #_____
E-mail_____

Type of Appointment *(check one)*
_____Student Hourly
_____Federal Work Study
_____Graduate Student GTA_____ GRA_____
Course numbers_____(required for GTAs)
# of hours per week_____(maximum 20 hrs for all appts combined)
# of credits/semester_____(required for tuition fee waivers)
In-state_____ Out-of-state_____
_____Professional Hourly
_____Professional Salaried
_____Adjunct Course# (ie: HDFN 322, section #)_____
Teaching for (faculty name)_____
_____Temp Hourly Estimated # hours/week _____
_____Contracted Services
_____Additional Compensation

Reimbursement
Hourly Rate_____*or* Monthly Salary_____ or Amount per Credit_____
or
Total $_____

Appointment Term
Fiscal Year _____
or
Semester
Fall_____Spring_____Summer Session_____
or
Start Date_____End Date_____

Funding Source_____ *Index or Grant #* _____

Description of Duties (ie: grader/course #, research assistant etc.)

Is he/she currently working for MSU? N or Y (if yes what department?)

_____

Has he/she worked for MSU in past 6 months? N or Y (if yes date/department)

_____

Name of person to whom she/she reports

_____