

TEMPORARY OPS APPOINTMENT FORM

FACULTY MEMBER MUST COMPLETE THE FOLLOWING:

I wish to hire/reappoint _____
UFID # _____ Email address: _____
on account number _____
Appointment to begin _____ and terminate on _____.
This person will be working _____ hours **BIWEEKLY** at the rate of \$ _____ per
hour.

Complete the following for new appointments only:

Description of duties:

Faculty Signature: _____ Date: _____

Prospective employees must see Carol Blankenship, room 132 Newins-Ziegler Hall, for the appropriate paperwork for payroll sign-up. Please have him/her bring their Social Security Card and Driver's License or Passport. If the employee does not have a Social Security Card, he/she must go the Social Security Administration office and apply for a duplicate card. The computer print-out from the Social Security Office will be accepted as proof of a social security account. **UNDER NO CIRCUMSTANCES CAN AN EMPLOYEE BEGIN WORK UNTIL APPROVAL OF FUNDS HAS BEEN OBTAINED.**

This form should be processed at least two weeks prior to the employee beginning work in order to get personnel approval, Worker's Compensation coverage, and to insure the employee's prompt receipt of his/her first paycheck.