

Division of Plant Science

Employee Name (Last, First, Mi.): _____

Empl ID: _____ Position Number: _____

Title: _____

Graduate Student (Please Check Box) : Masters PHD

Amount of Hours to be worked: _____ or FTE _____ Incidentals paid by: _____

Salary: _____ **(Circle one)** Paid per Hour or Month MoCode for incidentals: _____

Appointment Begin Date: _____ Appointment End Date: _____

Mo-Code Name: _____ MO-Code _____

***Is this account a grant (Please circle one) Yes or No**

This is a ___ New Hire ___ Rehire ___ Reappointment ___ Termination ___ Change in appt/ account

*Termination Last Day Worked: _____

Is this person a student at the University? ___ YES ___ NO

Has this employee ever been paid through the University of Missouri? ___ YES ___ NO

If yes what department and how long ago? _____

Entrance List: Check any that apply to employee's needs for employment:

<input type="checkbox"/> University Credit Card	<input type="checkbox"/> Parking Permit	<input type="checkbox"/> University I.D. Card
<input type="checkbox"/> E-Mail Access	<input type="checkbox"/> Key Access - Room Number _____	
<input type="checkbox"/> Copy Code	<input type="checkbox"/> Employee Orientation	<input type="checkbox"/> Sexual Harassment On Line Training
<input type="checkbox"/> Telephone WATS Access	<input type="checkbox"/> Time and Labor Training	<input type="checkbox"/> Travel Card

Faculty Signature: _____ **Print Name:** _____

Immediate Supervisor Signature: _____ **Print Name:** _____

FOR OFFICE USE ONLY:

*Time Approver _____

*Time Approver Empl ID: _____ *Time Approver Position Number: _____