Division of Plant Science
PERSONNEL HIRING/CHANGES/TERMINATION/FORM

Department Name: _____

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

Empl ID: _____

Title: _____

Short Description of work to be performed:

_____

*Graduate Student: ☐ Masters ☐ Phd   Yearly amount paid _____

Amount of Hours to be worked: _____ or FTE _____

Salary:_____ Paid per ☐ Hour ☐ Month

Appointment Begin Date: _____

Appointment End Date: _____

Mo-Code Name: _____ MO-Code _____

_____ MO-Code _____

*Is this account a grant ☐ Yes ☐ No

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

*Termination need: Last Day Worked: _____

Reason for Termination: _____

_____

Is this person a student at the University? ☐ Yes ☐ No   Student Number: _____

Is this person enrolled in summer classes ☐ Yes ☐ No

Is this person currently or ever worked for the University of Missouri ? ☐ Yes ☐ No

If yes where or how long ago? _____

Faculty Signature: _____   Print Name: _____

Immediate Supervisor Signature: _____   Print Name: _____