

APPOINTMENT APPROVAL

(This document approves Appointments and must be signed BEFORE employment offer is made)

Name of Employee _____

RED ID # _____ Date of Birth ____/____/____

Home Locator # _____ Supervisor's Name _____

Effective Date _____ If Temporary: Start Date _____ End Date _____

Position Title _____

Pay Rate _____ Hourly Monthly Range _____

Place an X where applicable below.

Salaried (PERS)

Hourly (TIAA_CREF)*

Calendar Year

Health*

Academic Year

Flex*

Temporary

Dental*

Exempt

Benefits Bank (Amount) _____

Non-Exempt

Life Insurance*

*All benefits begin on the 1st of the month following the effective date.

Regular Hours Per Week _____

Special Schedule Details _____

Introductory Period Six Months Approximate Date of First Evaluation _____

Possible Raise at First Evaluation YES (Not to Exceed _____%) No

Name Tag to Read _____ Charge to _____

Approved by:

Supervisor _____ Date _____

Director _____ Date _____

Executive Director or Associate Director _____ Date _____