

SCUPPS ASSIGNMENT REQUEST FORM

Unclassified Faculty, Administrators and Staff

ACTION TYPE

- New Hire
 Re-Hire
 Additional duty
 Interim Appointment
 Other

EMPLOYEE DATA

Full Name: _____
 Personal Phone: _____ Address: _____
 Personal Email: _____ City/ST/Zip: _____

ASSIGNMENT DATA

Purpose of assignment or name of person being replaced:

Begin Date: _____ End Date: _____ Bargaining Unit: _____
 Status: _____ Range: _____ Step: _____
 Department: _____ Credit Rate: (if adjunct) _____
 Dept Cost Center: _____ Base Salary: _____
 Charge to (if other than home): _____ Percent Time: _____
 CC# _____ % _____ \$ _____ Contract Salary: _____
 CC# _____ % _____ \$ _____ Duty Days: _____

COMMENTS

SIGNATURES

_____ Date _____ Budget (3) _____ Date _____
 Vice President (2) _____ Date _____

HR USE ONLY

Pos No _____ Charge to FY _____ Sema 4 Record No _____