

## Academic Affairs - State Temporary Service Appointment Form For Temporary Service Accounts

Please complete for all state funded positions that did **NOT** require a search  
(except those with the title: Graduate Assistant, Student Assistant, or Visiting Faculty)

**Step 1: Complete for all Positions**

Unit/Department: \_\_\_\_\_ Title Requested (if known): \_\_\_\_\_

Supervisor: \_\_\_\_\_

Salary Requested (if known): \_\_\_\_\_ Check One: \_\_\_\_\_ Hourly Rate \_\_\_\_\_ Biweekly Rate \_\_\_\_\_ Total Remuneration \_\_\_\_\_

Position Status (check one): \_\_\_\_\_ Temporary (from \_\_\_\_\_ to \_\_\_\_\_) **OR** \_\_\_\_\_ Term

Percent of Effort (check one): \_\_\_\_\_ Full Time **or** \_\_\_\_\_ Part Time non faculty (*required, if selecting*): \_\_\_\_\_ % (specify %, ex: 25%, 50%, etc.)

Provide justification for position or attach (ex: backfill, new function, etc.): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Provide brief job description or attach: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Step 2: Employee Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Salutation (check one): \_\_\_\_\_ Dr. \_\_\_\_\_ Mr. \_\_\_\_\_ Ms. \_\_\_\_\_ Mrs. \_\_\_\_\_ Miss

Phone #: \_\_\_\_\_

Email (*required*): \_\_\_\_\_

**Step 3: Signatures for Approvals**

*Unit Head Temporary Service Accounts*

Department Chair/Unit Head Name— <i>Signature</i>	Account #
Chief Financial Officer— <i>Signature</i>	Date
Vice President or Provost— <i>Signature</i>	Date
President	Date

**Step 4: Upon Completion—Forward to The Office of Human Resources: 216 Bray Hall**