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—Print Name

________________________________________

Account #

________________________________________

Department Chair/Unit Head—Signature

________________________________________

Date

________________________________________

Vice President or Provost—Signature

________________________________________

Date

________________________________________

President

________________________________________

Date

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

Revised 7.19.21