



**REQUEST FOR NON-STUDENT HOURLY EMPLOYEE**

**TYPE OF APPOINTMENT:**

Classified

Administrative Professional

Name: \_\_\_\_\_ Net ID/PID: \_\_\_\_\_  
 Personal email: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
 Mailing address: \_\_\_\_\_  
 Position title: \_\_\_\_\_ Department: \_\_\_\_\_  
 Account #: \_\_\_\_\_ NSH Supervisor: \_\_\_\_\_  
 Begin date: \_\_\_\_\_ End date: \_\_\_\_\_

Justification for position:

Job description (briefly describe duties and responsibilities):

Hourly rate: \$ \_\_\_\_\_ Total # of days: \_\_\_\_\_ No. of hrs./day: \_\_\_\_\_  
 Total hours: \_\_\_\_\_ Total cost: \$ \_\_\_\_\_

**APPROVAL (in order listed):**

Dean/Director: \_\_\_\_\_ Date: \_\_\_\_\_  
 Fiscal Officer—ORSP, if grant-funded \_\_\_\_\_ Date: \_\_\_\_\_  
 Area Vice President: \_\_\_\_\_ Date: \_\_\_\_\_  
 Human Resources: \_\_\_\_\_ Date: \_\_\_\_\_

Comments:

Verification—to be determined by Human Resources. The proposed employee:

IS eligible for the time requested.

IS NOT eligible for the time requested.

**Non-student hourly employee review/acceptance of terms and hourly rate:**

Employee: \_\_\_\_\_ Date: \_\_\_\_\_

**All new employees must complete demographic form, I-9, and new hire paperwork prior to any payment.**