

# BIO SCI TEMPORARY HELP EMPLOYMENT FORM\*

\*One form per change request

Please select one of the following:

- NEW HIRE** (has never worked for UI)
- ADDITIONAL APPOINTMENT**
- REAPPOINTMENT - DATE LAST TERMED:** \_\_\_\_\_
- PAY RATE CHANGE**
- LABOR DISTRIBUTION CHANGE**

## Employee Information

Name: \_\_\_\_\_ V#: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 \_\_\_\_\_ Email: \_\_\_\_\_

## Appointment Details

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

Position Type: <input type="checkbox"/> Student Temp <input type="checkbox"/> Work Study w/ HS Job ID: _____ <input type="checkbox"/> Non-Student Temp <input type="checkbox"/> Graduate RA <input type="checkbox"/> Graduate TA Enrollment Status _____	Position Title: _____ Position Pay Rate: _____ Max Hours Per Week: _____	Description of Duties <i>(may attach additional page if needed)</i> : _____ _____ _____ Work Location: _____
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Start Date: _____ Term Date: _____ <small>*Please line up with Pay Period Schedule*</small>	Budget Index(es): <input type="checkbox"/> Check here if Labor Distribution Change _____ _____	Tuition and Fees Index (if different from position index) _____ _____
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## Regulatory Information / Work Authorization

CBC Completion Date: \_\_\_\_\_  
 I-9/Work Authorization Card Date: \_\_\_\_\_

## Driving Authorization

Will this employee need to be authorized to drive UI/Co-op vehicles? \*Instructions will not be sent until I-9 has been completed\*  
 Yes  No

**ALL temporary employees MUST present a valid Work Authorization Card to their supervisor/department BEFORE performing any work.**

Employee Signature \*Not needed if a pay raise or reappointment \_\_\_\_\_ Date \_\_\_\_\_

Immediate Supervisor \*Always required and must be board appointed employee \_\_\_\_\_ Date \_\_\_\_\_