



**CLASSIFIED SERVICE
APPOINTMENT ACTION REQUEST**

- INSTRUCTIONS:**
1. Dean/Director signs completed Appointment Action Request.
 2. Dean/Director forwards one copy to the Office of Human Resources and retains one copy.

PERSONAL INFORMATION

Name		Social Security Number	
Address			
Campus Address		Campus Phone	Room No.
Prior State Service	Dates -- From:	To:	

POSITIONAL INFORMATION

Budget Title	Type of Appointment <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Provisional <input type="checkbox"/> Contingent Permanent <input type="checkbox"/> Full Time <input type="checkbox"/> Part-time ____% <input type="checkbox"/> Volunteer <input type="checkbox"/> Hours biweekly ____
Campus Title	
Line No.	
Supervisor's Name	
Salary Annual Rate: Hourly Rate:	
Desired Starting Date	
Position Duration <input type="checkbox"/> No Stated Limit <input type="checkbox"/> Temporary Until ____	
Remarks:	

APPROVAL

Project Director _____ (If Research Foundation)	Date _____
Dean/Director _____	Date _____