

COLLEGE *of* EDUCATION

BI-WEEKLY APPOINTMENT REQUEST *FORM SHOULD BE SUBMITTED BEFORE WORK BEGINS*

EMPLOYEE: _____ EMPLOYEE ID: _____

BEGIN DATE: _____ END DATE: _____

STUDENT: YES NO

RETIREE: YES NO

JOB TITLE: _____

PAY RATE: _____ ACCOUNT: _____

JOB DUTIES: _____

*PI/Department Head Signature

Date

Financial Signature

Date

Revised 7/1/2011

***Based on Funding Type**