



Position Information:

Department: _____ Home Org #: _____

Contact Person: _____ Ph: _____ Email: _____

New Position Replacement Position for: _____

Time Entry Method:

Web Time Entry Department Time Manual (Paper)

Timesheet Org #: _____ Timesheet Approver POSN#: _____ Approver Name: _____

Budget Access Org #: _____ Index / Account Code: _____ / _____

(Check if applicable) Position Duration is Dependent Upon External Funding (Soft Funded)

(Choose one from each column)

<input type="checkbox"/> 12 Month	<input type="checkbox"/> Faculty	<input type="checkbox"/> Regular	<input type="checkbox"/> Full Time
<input type="checkbox"/> 9/10 Month	<input type="checkbox"/> Post Doc	<input type="checkbox"/> Temporary	<input type="checkbox"/> Part Time
		<input type="checkbox"/> Fixed Term	If part time, _____ hrs/wk

Name of Hire: _____

M#: _____ Employment Start Date: _____ Employment End Date: _____

Summary of Duties: _____

Will the work location be in Michigan? Yes No

If "No" where will the work take place? City / State / Country: _____ / _____ / _____

Rank / Title: _____

(Please make sure to attach the Job Description to this form)

(APPROVALS)

Department/
Division

Chair: (Print) _____ (Sign) _____ Date: _____

Dean: (Print) _____ (Sign) _____ Date: _____

Sponsored
Programs

Accounting: (Print) _____ (Sign) _____ Date: _____

(if applicable)

Provost: (Print) _____ (Sign) _____ Date: _____

President: (Print) _____ (Sign) _____ Date: _____