



Position Information:

Department: _____ Home Org #: _____

Contact Person: _____ Ph: _____ Email: _____

New Position Estimated Annual Salary \$ _____

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)

12 Month Faculty Regular Full Time
 9/10/11 Month Post Doc Temporary Part Time
 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: _____

(APPROVALS)

Department/
Division

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

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

Sponsored
Programs
Accounting: (Print) _____ (Sign) _____ Date: _____
(if applicable)

Graduate
School: (Print) _____ (Sign) _____ Date: _____
(if applicable)

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

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