



Department _____ Supervisor _____

Contact Person _____ Phone _____ Email Address _____

Choose one New Position Replacement Position for: _____

Time Entry Method: Web Time Dept Time Manual (paper) Time Clock Plus

Time Sheet Org #: _____

Time Sheet Approver POSN#: _____ Approver Name: _____

POSITION APPROVALS:

Department Head/Manager _____ (Sign) _____ Date _____

Dean/Director _____ (Sign) _____ Date _____

Vice President _____ (Sign) _____ Date _____

President _____ (Sign) _____ Date _____

(Choose one from each column)

(Check if applicable)

- STAFF
 FACULTY
 POST DOC

- REGULAR
 TEMPORARY (FACULTY ONLY)
 FIXED TERM

- FULL TIME
 PART TIME
If part time, _____ hrs/wk

- POSITION DURATION IS DEPENDENT UPON EXTERNAL FUNDING (SOFT FUNDED)

(Choose one for regular employees) Will the work location be in Michigan? Yes No If no, where will the work take place? _____

City/ State/ Country _____

12 Month

10 Month Weeks: _____ Contract Start Date: _____ Contract End Date: _____

9 Month Weeks: _____ Contract Start Date: _____ Contract End Date: _____

(For fixed term and temporary faculty positions)

Name of Hire: _____

Employment Start Date: _____ Employment End Date: _____

Summary of Duties: _____

Position Title: _____ Salary or Hourly Rate: _____

Index/Account Code: _____ / _____ Shift (AFSCME/POA only): 1st 2nd 3rd Varies

(Human Resources Use Only)

Tracking Number _____ Name _____

SPA Signature _____ M Number _____
Sign Date

Employee Class _____ FTE _____ New Hire Current Employee Former Employee

Benefit Category _____ Leave Category _____ Current Student Employee Former Student Employee

Pay Grade/Level _____ Pos.Class _____ Pay Rate _____

Home Org # _____ Time Sheet Org # _____ On Payroll Date _____

Index/Account Code _____ / _____ Off Payroll Date _____

SOC Code _____ - _____ Posted Position Soft Funded Job Code Reason _____

CUPA Code _____ CIP Code _____ Position Number _____

Supervisor _____

Human Resources Signature _____ Human Resources Signature _____