

Personnel Appointment Form

Please note that all information must be completed in order to process your request.

EMPLOYEE NAME: _____

UF ID# _____

EMPLOYEE'S EMAIL ADDRESS: _____

APPOINTMENT DATES: _____

CLASSIFICATION:

Federal Work Study: _____ Student Asst: _____ OPS: _____

Grad. Asst.: _____ USPS: _____ TEAMS: _____ Post Doctoral Assoc.: _____

Note: Employee must qualify for Federal Work Study. The work permit from Financial Aid will specify if they can be appointed on this type of appointment. This is nice because a large portion of their salary is paid by financial aid and not by the Department or professor. All other students will not require a work permit but will need to print his / her course schedule so that we can see that he / she is registered at least half time to be eligible for the Student Assistant appointment. Their fringe and benefits cost less than a regular OPS appointment.

U.S. Citizen _____ Yes _____ No

Does this employee hold another position with UF or State of Florida? _____ No _____ Yes
(If "yes" and our position will exceed 1.0 FTE, then an additional form is required.)

DESCRIPTION OF JOB DUTIES:

This person will be working at a _____ FTE (full time equivalency).

1.0 FTE = 80 hours bi-weekly

0.50 FTE = 40 hours bi-weekly

The rate will be \$ _____ per hour OR \$ _____ annually.

PROJECT NUMBER: _____

BUDGET AUTHORITY'S SIGNATURE: _____

COORDINATOR APPROVAL: _____

Social Security cards are required for employment at UF. If the employee does not have a Social Security card, employment cannot begin until one is received. Debbie Sandoval can provide the employee with an employment verification letter to take to Social Security Administration to apply for one. It can take up to 4 weeks to receive one so plan accordingly with your new hires.

Personnel Office Use Only:

Date Forms & IDs Received: _____ Date Sent to Tax Services (Foreign Nationals): _____

Date Received Forms from Tax Services (Foreign Nationals): _____ Date ePAF Entered: _____

Job Data Checked: _____ Payroll Distribution Entered: _____ LOA Entered: _____

Prior Time Reporting Entered (if applicable): _____ All Reviewed By Coordinator: _____