

STAFF

Rate or Class Assignment

Name _____ Andrews ID # _____ Effective Date _____

Department _____ Job Title _____

Action: New Employee Additional Position Merit Raise Transfer 3-Month Eval. Annual Eval.

Recommended Rate _____
Please see Compensation Analyst

Recommended Grade _____
Please see Compensation Analyst

Replacing: Name _____ ID# _____

Entire Year

Hours Per Week:

| | |
|--|--|
| | |
|--|--|

None or minimal in summer

This position is: Regular Temporary

None or minimal during semester breaks

Supervisor _____ ID # _____ Date _____

Next Level Supervisor _____ ID # _____ Date _____

| Fund | Org | Account | Program | Activity | | | | | | | | | | | | | | | | | | | | | | | |
|--|-----|---------|---------|----------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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Human Resources Use Only

Visa Type _____ # _____ Exp _____ Employee Class _____ Home Org # _____ Check Dist# _____

Financial Clearance _____ Amount Due: \$ _____ Position Class _____ Position _____ Timesheet Org # _____

HR Approval _____ Date _____ Wk Comp _____ Entered in Banner _____ Date _____