

UNCLASSIFIED APPOINTMENT ADD
Faculty, Academic Staff & Limited

Shaded areas must be completed.
PERSON INFORMATION

UDDS _____
Date _____
(Date worksheet prepared)

Employee Name _____ (Last, First, MI)
Soc. Sec. # _____
Person ID _____
Appt. # _____
Highest Degree _____

Processing Center: PPC _____
Sex _____
Date of Birth _____
Retirement _____
Y = Yes
N = No

APPOINTMENT INFORMATION

Begin Date MM DD YYYY _____
Reason 0 1 _____
Location _____ Type _____ Break _____
Appt Type _____ Title _____ Code _____
Title Name _____
Basis _____ CPP % _____
FLSA _____ Seasonal _____
PVLG APO _____
Recruitment _____
Funding Responsibility _____
0 = No
1 = Yes

Rate \$	Dept. Name	Major	Hours	OR	Percent	Date Percent Start	Date Percent End	Session Code	Fac. Rel.
_____	_____	_____	_____	_____	_____	MM DD YYYY	MM DD YYYY	_____	_____
_____	_____	_____	_____	_____	_____	MM DD YYYY	MM DD YYYY	_____	_____
_____	_____	_____	_____	_____	_____	MM DD YYYY	MM DD YYYY	_____	_____

Probation _____
Contract Date _____
Type _____ End MM DD YYYY _____
Credit _____
MM DD YYYY _____

Guar. Length _____ Backup for Appt. _____ ID of Limited Appt. _____
External Affiliation _____ Federal Appt. _____
Length Monitor _____ Appt. End: Date MM DD YYYY _____ Reason 0 6 (fixed, terminal) _____
Next Loc. _____ Replacement for _____

FUNDING INFORMATION

Begin Date	End Date	UDDS	Fund	Activity	Acct #	Class	\$ Amount	Full Time Rate Per Pay Period	Agreement %	Actual Amount Per Pay Period
MM DD YYYY	MM DD YYYY	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

1. Department Chair _____ Date _____
2. Department Chair _____ Date _____
Dean/Director _____ Date _____
Dean/Director _____ Date _____