



UNIVERSITY OF SOUTHERN MAINE

Human Resources Temporary Employment Appointment Form

Maximum Term for *Classified Staff* is **6 Months**
Maximum Term for *Professional Staff* is **12 Months**

If not typed, use black or blue ink on white paper only.

Prepared By _____	Phone _____	Date _____
<input type="checkbox"/> Individual Data Sheet	<input type="checkbox"/> W-4/ W-4 ME	<input type="checkbox"/> EEO Form
<input type="checkbox"/> I-9 with ID copies	<input type="checkbox"/> Direct Deposit (If required)	

Completed forms must be attached or received by Payroll/HR to create an employee record and produce a paycheck.

Monthly Paid Employees: AS SOON AS POSSIBLE, but no later than employee's start date or 10th of the month, whichever occurs first.
Biweekly Paid Employees: AS SOON AS POSSIBLE, but no later than employee's start date.

Start Date _____ End Date _____ Classified Professional

Personal Data				
Last Name	Suffix	First Name	M.I.	PeopleSoft Employee ID # 00 _____

Job Information			
Dates of Service	<input type="checkbox"/> Outside the State of Maine Location: _____		Short Term Lump Sum Payment
Department P-	Supervisor Name or ID #	<input type="checkbox"/> Full-time(40 hrs/wk) <input type="checkbox"/> Part-time _____ Hrs/wk	
Job Title	Job Code	Employee Class	
Description of Work			
Special work assignments, conditions, or physical requirements (e.g. lifting, travel, chemicals, etc.)			

Campus Address	Campus Phone
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Bi- Weekly Employees	
PAYMENT START Date	PAYMENT END Date
HOURLY Rate \$ _____	

Monthly Employees	
PAYMENT START Date	PAYMENT END Date
MONTHLY Rate \$ _____	Consecutive Months
# of Installments	TOTAL Pay

Earnings Distribution			
Start Date	End Date	10 Digit Payroll Code	Distribution Percent
			%
			%
			%
			%
(Please add more distribution lines on reverse side, if needed.)			Total 100%

Initiating Office _____ Date _____

Dean / Director _____ Date _____

Executive Level _____ Date _____