

UNIVERSITY OF NORTHERN COLORADO
Human Resource Services

AUTHORIZATION FOR TEMPORARY APPOINTMENT – UNIVERSITY AIDE

ALL INFORMATION IS REQUIRED FOR EACH FORM

PART A: HIRING DEPARTMENT

Department Name: _____ Bldg/Room No: _____ Campus Box _____
Contact Person: _____ Supervisor: _____ Phone: _____
Hiring Authority: _____ Phone: _____ Pay Rate: _____
FOAP: _____ - _____ -65110- _____

PART B: POSITION INFORMATION

Duration of Employment: _____ Weeks Start Date: _____ End Date: _____

Working hours per week: _____ Job Title: _____

Assigned Duties: 1. _____ 2. _____
3. _____ 4. _____

Justification: State briefly your reasons for using a temporary appointment rather than a student hourly, regular classified or exempt position.

PART C: EMPLOYEE INFORMATION

Please include SSN ONLY if you do not have a Bear Number.

Name: _____ SS # or Bear #: _____ Birthdate: _____
Home Address: _____ City _____ State _____ Zip _____ Phone: _____
Emergency Contact: _____ Relationship: _____ Phone: _____

PART D: PAYROLL INFORMATION

Job Title: University Aide Job Code: TH9999 **ATTACH COMPLETED FORMS FOR THE FOLLOWING:**

W-4 I-9 Date Rec'd _____ PERA Membership Check if PERA Service Retiree

Background Check Social Security Form Direct Deposit

*******INDICATE WHY IF NOT ATTACHED*******

PART E: HIRING APPROVAL

Hiring Authority: _____ Date: _____

Human Resource Director: _____ Date: _____

This Temporary employment is subject to availability of funds, and is subject to termination at will by either party at any time, and employee shall be deemed to be an employee-at-will.