



ALL INFORMATION IS REQUIRED

Additional Instructions Are Available on the Procedures Page of the HRS Website.

PART A: CONTRACT INFORMATION

Department Name _____ Bldg/Room No _____ Campus Box _____
 Contact Person _____ Supervisor _____ Phone _____
 Hiring Authority _____ Phone _____ Pay Rate per Hour \$ _____
 FOAP _____ - _____ - 65110- _____ Job Title: University Aide Job Code: TH9999
 Duration of Employment _____ Weeks Start Date _____ End Date _____ Hours per week _____

Assigned Duties and justification for using a temporary appointment rather than a student hourly, regular classified or exempt position.

PART B: EMPLOYEE INFORMATION

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

Name _____ SS # or Bear # _____ Birth date _____
 Home Address _____ City _____ State _____ Zip _____ Phone _____
 Emergency Contact _____ Relationship _____ Phone _____

Demographic Information: Gender M F Ethnicity: Answer Both Questions Below:

- Hispanic or Latino? (Choose only one) No, not Hispanic or Latino Yes, Hispanic or Latino
- Race: American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White (includes original peoples of Europe, the Middle East, or North Africa.)

PART C: ATTACHED DOCUMENTS – Check the boxes to indicate forms are attached or completed:

- Background Check - Date Rec'd _____ W-4 I-9- Date Rec'd _____ Direct Deposit Authorization
- Colorado Employment Verification Affirmation No Social Security Withheld PERA Enrollment
- Check if PERA Service Retiree - if yes, complete PERA Membership Disclosure
- Employee rehired within 6 months – all the above information on file
- Personal Digital ID (must submit for all hires and rehires)

PART D: SIGNATURE APPROVAL

This agreement is entered into by and between the University of Northern Colorado (the "University") and the temporary employee named below. This Temporary employment is subject to availability of funds, and is subject to termination at will by either party at any time. The employee shall be deemed to be an employee-at-will.

Employee _____ Date _____
 Hiring Authority _____ Date _____
 FOAP Authority Signature _____ Date _____
 Human Resource Director _____ Date _____