NORTHERN MICHIGAN UNIVERSITY
TEMPORARY LABOR APPOINTMENT FORM

EMPLOYEE:

Name: _____ _____
Last First M.I IN #, if Known

_____ _____
Street Telephone Number

_____
City State Zip Code

POSITION DESCRIPTION:

_____ _____
Position Title Pay Grade

Brief description of duties:

POSITION TYPE:

_____ AFSCME
_____ A/P
_____ C/T
_____ NMUFA
_____ Non Represented
_____ Unclassified

_____ Full-time
_____ Part-time

Number of hours: _____

NEED FOR POSITION:

_____ New Position (augmenting regular work force or specific short-term project)

_ Substitute (relieving employees who are absent)

First day of employment _____ _____ _____
Month Day Year

Last day of employment _____ _____ _____
Month Day Year

(Governed by Union Agreement or University policy)

College or Division _____

Department _____

Account Number _____

Hourly Rate of Pay _____
(Governed by Union Agreement or University policy)

APPROVALS: _____ _____
Requested By Date

_____ _____
Department Head Date

_____ _____
Human Resources Department Date

INSTRUCTIONS: Complete this form and forward it to the Human Resources Department, 158 Services Building for approval. Contact Human Resources at 227-1493 with any questions.