Personnel Request Form

Department Name:					HIRES#:	
Employee Name/ WSU ID:						
Employee Type (Faculty, Staf	f, Grad, Time	Slip):				
Workstudy: Yes No	kstudy: Yes No USDA: Yes		US Citizen:		Position #:	
i9 Needed? (DEPPS, Employee Screen, I9 on commar for current or former employees)	u status of I9	FT Monthly Base Rate/Hourly Rate/Piece Rate (\$):				
Title & Title Code:		Country of Citizenship:				
Work Location:		Supervisor:				
Working in Major: γ _{es}	No	Appointn	Appointment Begin /End Dates:			
FUNDING INFORMATION (If more than 3 lines attach a spreadsheet)		Funding	g Line #1 Funding L		#2	Funding Line #3
Funding Begin Date:						
Funding End Date:						
Program/Budget/Project:						
FTE %:						
Anticipated Cost (\$) for appointment/change (all non-time slip)						
Purpose of Request:						
Justification for all Retro Actions:						
90 day Justification for all Retro GRANT Actions:						
Additional Questions (Required) for <u>all</u> Time Slip actions/appointments						
Do you anticipate the employee will be appointed for six (6) months or more? Yes No						
Anticipated hours of work per week: 0-19 20-29 30-40						
Is it anticipated the employee will work eight (8) or more hours in each month of the appointment? Yes No						
Will this appointment be occurring seasonally, or on a recurring basis? Yes No As of this appointment, do you anticipate this employee will be in student status now, or anytime						
As of this appointment, do y during the upcoming year?			oyee will b	e in student stat	us no	w, or anytime