

THE UNIVERSITY OF TEXAS OF THE PERMIAN BASIN
HOURLY EMPLOYEE APPOINTMENT FORM

Date: _____ **Prepared by:** _____

All blanks are required to be completed. If all blanks are not completed the form will be returned.

- New Employee Class & Title Change Cost Center Number Change (list all accounts)
- Background Check Complete Other (add in Remarks) Rate of Pay Change (justify in Remarks)
- Termination Date: _____ Cost Center Number: _____

Name: _____

Address: _____ **Phone:** _____

Employee Identification Number: _____

Work Study: Yes No **Federal Funds** **State Funds**

Cost Center Name: _____ **Cost Center Number:** _____

Hours per Week: _____ **Hourly Rate:** \$ _____

Appointment Begin Date: _____ **Appointment End Date:** _____

Position Title: _____ **Position Number:** _____

Remarks:

Budget Head _____ Date _____

Sponsored Research* _____ Date _____

Human Resources _____ Date _____

****Salary paid from any grant funds must be approved by Sponsored Research.***