

## Wage Employee Appointment Record



Email Address: \_\_\_\_\_

*Upon completion and departmental approval this form should be forwarded to the departmental representative who is responsible for entering the appointment (PAF) in Banner. The departmental representative should maintain this form with the hourly wage employee records and job description for regular wage appointment.*

Social Security Number (Not needed if person has VT ID#): \_\_\_\_\_

VT ID#: \_\_\_\_\_

Employee's Full Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Citizenship: U. S. Citizen \_\_\_\_\_ Resident Alien \_\_\_\_\_ Non-Resident Alien \_\_\_\_\_

If Non-Resident Alien, Indicate Visa Expiration Date: \_\_\_\_\_

I-9 Sent to Payroll? Yes \_\_\_\_\_ No \_\_\_\_\_ Conviction Check? Yes \_\_\_\_\_ No \_\_\_\_\_

Emergency Appointment? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, Indicate Appointment Period: \_\_\_\_\_

Position Title: \_\_\_\_\_ TimeClock Plus Code: \_\_\_\_\_

Department Number: \_\_\_\_\_ Banner Fund: \_\_\_\_\_

Position Number: \_\_\_\_\_ Number of Hours per Week: \_\_\_\_\_

Hourly Rate: \_\_\_\_\_ Overtime Authorized? Yes \_\_\_\_\_ No \_\_\_\_\_

Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Reappointment Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

**Approve the Appointment and Information Provided Above:**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Supervisor Name: \_\_\_\_\_ Date: \_\_\_\_\_

Department Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_