

IDAHO STATE UNIVERSITY

Personnel Recommendation

(Instructions)

| VAS VOS LIBER | | ared by: | Extension: | | | | | | | |
|---|-------------------------------|--|-----------------------------|--------------------------|-------------------------|----------------------|----------------------------|-----------------------|------------|--|
| | E-mail: | | | | | Prepared Date: | | | | |
| Employee Name: | N CO CIAL CECUDITY CARD | | Banner ID or Bengal/ISU ID: | | | | | | | |
| | | City Work Location: State Work Location: | | | | | | | | |
| | | | | | | State Work Location. | | | | |
| Home Address: | | | | | | | | | | |
| Forwarding Address (for resig | gnation): | | | | | | | | | |
| 1. Action: New Appointme | ent: Replaces (nar | ne): | | | | | | Re-Appo | intmen | |
| Leave without Pay | Other (specify) | : | | | | | | | | |
| Resignation Disn | nissal Retirem | ent | End of | Contract/Appoin | tment - Last Day V | Vorked: | | | | |
| _ | | y Non-Te | | | - | | | Date Other (see re | emarks) | |
| | | y Non-Te | iiuie iii | • | | | | - | emarksj | |
| 3. Appointment Type (Check | k One): Regul | ar Appoin | tment | Temporary B | enefitted Appoint | ment | End Date i | f Temporary | | |
| COMPLETE ALL APPLICABLE AREAS | APPLICABLE AREAS CURRENT APPO | | | | | | SED NEW APPOINTMENT ACTION | | | |
| Department | | | | | | | | | | |
| Title | | | | | | | T | | | |
| Action Date, Position Number | Effective End Date | | PCN FTE | | Effective Begin Date | | PCN | | FTE | |
| and FTE (annualized % time worked) | <u> </u> | | <u> </u> | | _ | | | | | |
| Contract Dates (Faculty & Non-classified) | From: | | To: | | | | То: | | | |
| Pay Period Begin/End Dates | From: | | To: | | | | To: | | | |
| Pay Check Begin/End Dates | From: | | To: | | From: | | То: | | | |
| Appointment Months per Year | + | 9 month | Other mowk | | 12 month | 9 mont | | Other mo/ wk | | |
| Salary Information | Annual Base | Bi-we | ekly Hourly Rate | | Annual Base | BI-V | veekly | Hourly rate | | |
| Time Approver and/or T-Org | | | | | | | | | | |
| | Index Number(s) | Ar | nount Percent | | Index Number(s) | An | nount | Percent | PI initial | |
| | | | | | | | | | | |
| | | | | | | | | | _ | |
| Budget to be charged | | | | | | | | | _ | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Remarks on conditions of employe | ment: | | | | | 1 | | | | |
| nemarks on containing or employ. | | | | | | | | | | |
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| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| ALITHODITING CLONATURES | (Now omploye | oc must con | nnloto For | rm I-9 on or hofore th | neir first day of work) | | | | | |
| AUTHORIZING SIGNATURES | (New employe | es must con | iipiete i oi | iiii 1-3 oii oi beiore u | ien mist day of work) | | | | | |
| | | | | | | | | | | |
| DEPARTMENT CHAIR | Date UNIVERSITY BU | | | JSINESS OFFICER Date | | | | | | |
| DEAN OR DIRECTOR | | | Date | SIGNATURE AL | ITHORITY | | | | Date | |
| DEAN ON DIRECTOR | For | | | and Finance Offices | | | | | | |
| | | | | | ose Only | | | | | |
| Position Control Number: | Emplo | yee Class | Code: _ | I | IPAS No Register | | | r: | | |
| Classification Number: | Change | e Reason | Code: _ | F | Pay Grade: | | | | | |
| HIIMAN DESCUIDEES | PUDGET | CDAN | TC | CONTRA | T 0.4.4 | 2011 | | I E DATE | | |
| Form Revised: 10/10/2013 | BUDGET | GRAN | 13 | CONTRAC | -i PAYI | ROLL | FI | LE DATE | | |