OFFER LETTER REQUEST FORM

Job Title:

Candidate Name:

Candidate's Preferred Name (if applicable):

Start Date:

Supervisor:

Timecard Approver (if different than Supervisor):

Starting Pay *: ____Annually ____Per Hour

Employee Category: ____Faculty ____Staff _____Nonteaching faculty

Eligible for Overtime: ____Yes ____ No

Appointment Period: ____10 month ____ 11 month ____ 12 month

Expected Hours per Week:

Department:

Home Cost Center:

Will this employee supervise others? If so, who?

Will this employee be a timecard approver? If so, for which employees?

Please notify HR once work location and phone extension has been determined.

Form Completed By: Date: