HEKTOEN HUMAN RESOURCES
NEW EMPLOYEE APPOINTMENT FORM

Dept:	Supervisor:	Supervisor Phone:

First Name:	Last Name:	Middle Initial:	Employee Number:
Job Title:	Date of Hire:	Rehire ☐	

EMPLOYEE PAYROLL ASSIGNMENT

☐ *** Full-Time** ☐ ***Part-Time** ☐ **Hourly** ☐ **Exempt** ☐ **Non-Exempt**
☐ **Union** ☐ **Non-Union**

Salary Information (check One):

☐ Institutional Base Salary $_____ (100%) ☐ Salary Requested $_____ ☐ FTE % _____

☐ Semi-monthly Rate (**24 pay cycles**) $_____ ☐ Hourly Rate $_____

LABOR DISTRIBUTION

Grant Number	Hours	% of Salary	Allocated Pay Rate	Name of Grant	Start Date	End Date	Principal Investigator Signature

I accept the position indicated above as an employee of Hektoen Institute. I understand this position is subject to final approval by Hektoen and is terminable at will unless covered by a collective bargaining. I also agree to abide by all policies and regulations of the Hektoen Institute.

_____
Employee Signature **Date**

This appointment is consistent with sponsored program terms and conditions and with Hektoen policies.

_____
Director of Post Award Grants Signature **Date**

_____
Controller Signature **Date**

_____
Administrator Signature **Date**

_____
Human Resources Manager Signature **Date**

_____
Payroll Manager Signature **Date**

HR USE ONLY

☐ **Recalled** **Recall Date:**_____

_____

PAYROLL USE ONLY

Date Entered on Payroll: _____

Entered by:_____

Fax form with proper signature(s) to 312-768-6010 or e-mail form to alvaro.espino@hektoen.org