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**

☐ Job Title Change:_____ ☐ Job Description Required

Salary Information (check One):

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

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

☐ Performance Review Appraisal and Development Due: _____

Note: Performance Appraisal and Development (PAD) Program **is required annually (see website at www.hektoen.org for this form)**

LABOR DISTRIBUTION

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

***Note: Required Field**

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

_____
Director of Human Resources Signature Date

_____
Payroll Administrator Signature Date

HR USE ONLY

☐ **Rehire Last Date of work:** _____

☐ **Laid off Recall Date:**_____

☐ **Seniority Date:**_____

_____

PAYROLL USE ONLY

Pay Period End Date: _____ **Entered by:**_____

Fax or scan form with signature to 312-348-1940 or HR@hektoen.org