

Form
HR36400**NEW HIRE APPOINTMENT
REQUEST**

UNIVERSITY OF MICHIGAN
Do NOT Email (Form Contains Sensitive Data)

PERSONAL INFORMATION				
Last Name:		First Name:		Middle Name:
Social Security Number:		UNIQUAME:	UMID:	
APPOINTMENT INFORMATION				
Job Posting Number:		Appt Effective Date:		<input type="checkbox"/> New Appointment <input type="checkbox"/> Addl Appointments Attached
Admin Dept Name:		Admin Dept ID:	Appt Dept Name:	
Appt Dept ID:				
Supervisor ID:	Job Title:	Job Code:	Standard Hours:	Compensation Frequency:
Compensation Rate:	Appt Begin Date:		Appt End Date:	FTR:
Appt Period:	Unit PCN:	<input checked="" type="checkbox"/> With Tenure <input checked="" type="checkbox"/> Without Tenure	Tenure Date:	
SSC will populate tenure and tenure date when processing appointment.				
FUNDING				
Funding Effective Date	% Effort	ShortCode	% Distribution*	Funding End Date
U-Year Federally-Sponsored Research? Fund = 20000 <input type="checkbox"/> Yes <input type="checkbox"/> No *Sum must equal 100% for each effective date. Note: Financial Operations approval needed for 20000 fund accounts.				
REMARKS:				
ADDITIONAL PAY - Note: Financial Operations approval needed for 20000 fund accounts.				
Earnings Code:	Effective Date:	End Date:	Earnings Amount:	ShortCode:
REMARKS:				
CAMPUS MAILING ADDRESS (for University Directory and Mailing)				
Department:		Room/Building:		City:
State:	Zip Code:	Campus Zip Code:	Telephone:	
I certify that the terms, restrictions, and qualifications set forth in this form's administration policy are met and the payments are in compliance with all conditions imposed by the funding source.				
Contact Name:		Contact UNIQUAME:	Contact Telephone:	
Approved by Department Head:		Date:	Telephone:	
Approved by Dean/Director:		Date:	Telephone:	

INSTRUCTIONS FOR COMPLETION OF APPOINTMENT REQUEST

1. Use this form to supply information on a new hire or rehire. Supplied fields are presented in the order they appear on the form.

Name	This is the legal name that is listed on the employee's social security card: Last, First, Middle.
U.S. Social Security Number	The individual's U.S. social security number as shown on the social security card.
UNIQUAME	If know this is the Uniqname name assigned when UMID is created.
UMID	EmplID is synonymous with UMID. This number is listed on the M-Card.
Job Posting Number	Enter the Job Posting Number, when applicable, for appointments requiring Regental approval, or, are in RegClnInst, RegInstr, LEO-Lec, LEO-Adj, Primary, ResFellows, and A/A Ungrd Job Families.
Appt Effective Date	This is the date that the job data row takes effect.
Administrative Department Nama and ID	That department name and number which has responsibility for the terms and conditions of employment and for processing administrative paperwork.
Appointing Department Name and ID	The appointing department name and number for a specific Empl Rcd#.
Supervisor ID	Emplid for the employee's supervisor.
Job Title	Job Classification Title description.
Job Code	The numerical equivalent of a job classification title established by University Human Resources.
Standard Hours	The number of hours the person will work in the associated appointment during the course of one week. 40 hours is full-time; less than 40 hours is part-time. Effort of 50% equals 20 standard hours.
Compensation Frequency	Refers to the denomination of the compensation rate. If the compensation frequency is annual, the compensation rate is expressed in a yearly rate. HR uses three compensation frequencies on this form: Annual, Hourly and Monthly.
Compensation Rate	The compensation rate is the amount of money the appointment pays the person from regular earnings. It does not include funds paid through additional pay. The expression of Comp Rate is dependent upon the Comp Frequency used.
Appt Begin Date	This is the date the appointment's employment contract between an employee and a department begins.
Appt End Date	The last day of the appointment's employment contract between an employee and a department.
FTR	Full Time Rate: The dollar amount of salary that would be received if employed full-time.
Appt Period	Contains a code describing the time period that relates to the full-time rate for an appointment.
Unit PCN	If the appointing department uses position numbers in its business processes, enter the number here. New numbers are not generated for department. This is not PeopleSoft's Position Management.
Funding Effective Date	The date the distribution of funding over the effort and accounts becomes effective.
% Effort	Represents the appointment effort that will be paid by the associated Short Code. The total % effort on the Empl Rcd# must be equivalent to the Standard Hours on the Empl Rcd#, where 40 standard hours = 100%.
Short Code	The numeric code associated with the ChartField combination that an employee is paid from.*

% Distribution	Represents the percentage of the compensation rate being paid by this account. The total across short codes on any effective date must total 100%.
Funding End Date	The date on which the funding should stop being distributed from the associated Account Code. This date does not actually stop the payment.
Additional Pay-Earnings Code	Explains the type of additional pay this employee is receiving (e.g., uniform allowance, administrative differential, etc.).
Additional Pay-Effective Date	The date on which the additional pay is effective. For employees paid monthly this needs to begin on the 1 st of the month. For employees paid bi-weekly this needs to be the first day of the pay period to be paid out.
Additional Pay-End Date	The date on which the additional pay ends. For employees paid monthly this needs to be the last day of the month. For employees paid bi-weekly this needs to be the last day of the pay period to be paid out.
Additional Pay Earnings Amount	Represents the dollar amount to be paid each pay period as additional pay.
Additional Pay-Short Code	The numeric code associated with the ChartField combination from which the additional pay should be paid.*
Department	Department name, if more than one appointment is held, this should be where the majority of the time will be spent.
Room/Building	Room number and building name of the department listed above.
City	City where department and building are located.
State	Will 99% of the time be MI.
Zip Code	Will be the zip code equal to the City listed above, for Ann Arbor it will be 48109.
Campus Zip Code	4 digits campus zip code for building listed above.
Telephone	Campus phone number where employee will be working.

***Financial Operations approval needed for 20000 fund accounts.**

2. Obtain appropriate signatures on the form.		
3. Submit to that appropriate HR office:		
SSC HR 1000 Victors Way Ann Arbor, MI 48108 Phone: (734) 615-2000 Fax: (734) 763-1283	U-M Dearborn HR 1050 Administration Building, 1491 Phone: (313) 593-5190 Fax: (313) 593-3568	U-M Flint HR 219 University Center, 1950 Phone: (810) 762-3150 Fax: (810) 766-6711