

UNH Cooperative Extension Non-Status Appointment Form

New Hire Change In _____

Name: _____ SSN: _____

Employee Information:

Hourly (CH) Student Hourly (SH) College Work Study (CW)

New Employee Former Employee Stipend/Contract

Job description:

Home Department Name: UNH Cooperative Extension

Department Address: _____

First Day of Appointment: _____ *(if new employee, date can not be prior to the date their I-9 was signed)*

Last Day of Appointment (if stipend/contract): _____

Hourly Rate/Contract Amount: _____

Estimated hours per week: _____

Job Labor Distribution: _____

Supervisor's Name

Date

For BSC Use Only

Position Number & Suffix: _____

Timesheet Org (circle one): uxadms uxagrs uxfhdy uxfmdv uxfrwl uxwmrs

W4 sent to Payroll: _____ I-9 sent to HR: _____

EPAF Entered on: _____ Date Entered: _____