

NORTHWESTERN UNIVERSITY

Appointment Form

Form Print Date:

Record Number:

Employee Name:
Print last name first, first name, middle initial

University ID No:

Job Data

Last Action Effective Date: Action: Reason:

Work Location

HR. Status:

Effective Date:

Action/Reason:
Action Reason Action Reason Action Reason

Position Number: Expected LOA Return Date:

Department: _____ Location: _____ Primary Job: _____

Job Information

Job Code: _____ Standard Hours: _____ Suite or Room No:

Payroll	NW Faculty Tenure
Paygroup: <input style="width: 140px; height: 20px;" type="text"/>	Tenure Status: <input style="width: 140px; height: 20px;" type="text"/>

Compensation	Tenure Review Date:
Compensation Rate: <input style="width: 140px; height: 20px;" type="text"/>	<input style="width: 140px; height: 20px;" type="text"/>
	Expected Tenure Begin Date: <input style="width: 140px; height: 20px;" type="text"/>

NW Job Data

Appointment End Date: **OR** Check here if Indefinite End to Appointment

Scheduled Pay Periods: _____ Percent Full Time: _____ Annual FTE Salary:

Contract Period: Appointment Indicator:

Benefits	Primary Appointment <input style="width: 30px; height: 20px;" type="checkbox"/>
Annual Benefits Base: _____	Primary Role <input style="width: 30px; height: 20px;" type="checkbox"/>

Address History
 Check Addr Code: Employee Work Phone #: Mailing Record:

NW Reports To

Conflict of Interest Posn#: Performance Evaluation: Posn#:

Approver: Approver:

Training: Posn#: Time Card/Leave Accrual: Posn#:

Approver: Approver:

Comments	Authorization	Phone	Date

NORTHWESTERN UNIVERSITY

Position Data Form

Form Print Date:

Univ Title: Posn #: Incumbent:

Position Information

Effective Date:

Action/Reason:

Position Status:

Job Information:

Job Code: Dept Title:

Work Location

Department #: Std Hours: Reports To: Location:

NW Position Data

Position End Date: **OR** Check here if Indefinite End to Position:

Comment:

Position Type: Posn Category: Sched Pay Periods: % Full Time:

Benefits Eligible: Y / N Tenure Track: Y / N Salary Admin Unit:

Information

Max Head Count:

Budgeted Salary:

NW Position Distribution (Current Funding)

Perc	Fund	FN Dept	Project	Act	Prog	Account	Start Date	Stop Date	Indef End?

Previous Funding

Perc	Fund	FN Dept	Project	Act	Prog	Account	Start Date	Stop Date	Indef End?

Signature(s)

Comments	Authorization	Phone	Date