

Pitt IT 09/20

APPOINTMENT FORM

Items with an asterisk (*) are required for processing Oracle system Date of Issue 01-Sep-2016 Effective Date of Action (Must Complete) **DEMOGRAPHICS:** Employee Name (Last, First, MI, Suffix)* Gender* Social Security Number* 01 Visitor, Jane 888-99-7000 01-Sep-2016 01-Sep-2016 14-Feb-1972 Marital Status* Disability Type Visa Type Visa Num Two or More Races* Non Immigrant 01-Sep-2020 02 Jnion Information Bargaining Unit /eteran Status Jnion Membe Date Entered Union University of Pitter 0 03 PhD/ScD Not a Veteran ADDRESS: 04 234 Crystal Lane, Apartment 1 Pittsburgh PΑ 15242 University Telephone (Area Code) 05 412-462-4260 412-624-4260 **ASSIGNMENT DETAILS:** Non-Employee. Visitor. Visitor ocation (Building, Abbreviation, Room Number) Pay Year Type SCAIF-300 Pittsburgh Med-Medicine 12/12 - Annual 07 signment Effective Date 01-Sep-2016 Volunteer M - Pitt Monthly 100 336 Total Leave Period Paid Leave Portion Innaid Leave Portio Assignment Status (Employee) Last Day 09 Volunteer (Unpaid) ADDITIONAL JOB INFORMATION: Job (Type, Family, Classification) Organization Start Date End Date SALARY INFORMATION (WAGE): Earning Element Name Amount Start Date End Date OlNew Hire 01-Sep-2016 0 aming Element Name 12 Earning Element Name Start Date End Date Earning Element Name Start Date End Date END EMPLOYMENT: Y N N Not in this department **COSTING INFORMATION:** Cost Activity Department Subcode Purpose Project Reference Percent Share? Code 00000 00000 15 00000 00000 00000 00000 **FACULTY DETAILS:** Tenure Status Date Entered Stream Tenure Steam Transfer Date Left Tenure Stream Faculty Contract Begin Date Faculty Contract End Date Faculty Contract Salary **REMARKS** 01-Sep-2016 30-Sep-2016 0 NT Date Return to Tenure Stream Date Awarded Tenure Member Graduate Faculty English Language Fluency Faculty Emeritus PROCESSING INFORMATION $\bigcirc A \bigcirc M \bigcirc N$ \bigcirc Y \bigcirc N Yes \bigcirc Y \bigcirc N Initials Preparer (Please Print) Ext. Entered into Oracle Department Chair or Supervisor Date Pay Adjustment Required PAYROLL ONLY Department Chair or Supervisor Initials Administrative Approver Date Pay Adjustment Complete UMC 35128 Administrative Approver Date Not Hispanic or Latino