

CLASSIFIED REG REQUISITION # _____
(for hires)

**KANSAS STATE UNIVERSITY
APPOINTMENT FORM (Classified and Unclassified)**

*Employee Notification-Required SSN Disclosure: used for tax withholding, recordkeeping, and government reporting. Solicited per K.S.A. 76-725.

NAME (First, Middle, Last, Suffix)		PREFERRED NAME	
DEPT ID	DEPT NAME	eID	
EMPLOYEE ID	RCD#	*SSN	
EFFECTIVE DATE	END OF APPT DATE	BIRTHDATE	
GENDER	EDUCATION	MARITAL STATUS	

HOME ADDRESS

MAILING ADDRESS

COUNTRY	COUNTRY
ADDRESS 1	ADDRESS 1
ADDRESS 2	ADDRESS 2
CITY	CITY
COUNTY	COUNTY
STATE	STATE
ZIP CODE	ZIP CODE
HOME PHONE	OTHER PHONE

ETHNIC GROUP	MILITARY STATUS
Disabled	Disabled Veteran
WITHHOLD HOME ADDRESS/PHONE IN CAMPUS PHONEBOOK	
Yes	No

HIRE	ADD CONCURRENT JOB	CORRECT	UPDATE	CLASSIFIED	UNCLASSIFIED
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ACTION	REASON	POSITION #	JOB CODE
JOB TITLE	REG/TEMP	FULL OR PART TIME	FTE
FLSA	EXEMPT	NON-EXEMPT	9-month basis
OR	12-month basis	TAX LOCATION	
GRADE (classified)	STEP (classified)	COMP RATE	Hourly
OR	Bi-Weekly		

EMPLOYMENT DATA (Classified)

PROBATION DATE	EMPLOYMENT STATUS	Probationary	Permanent	Trainee
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BENEFIT PROGRAM PARTICIPATION

BENEFIT PROGRAM	BENEFIT RCD #
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IDENTIFICATION DATA (If not a US Citizen, complete PER-15.)

CITIZENSHIP STATUS	VISA TYPE	Inactivate Direct Deposit?	Yes	No
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EDUCATION DATA

DEGREE	DATE ACQUIRED	MAJOR
SCHOOL		

UNCLASSIFIED DATA

TENURE	EFF. DATE	TEACHING FAC	FACULTY SENATE
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PREVIOUS EMPLOYMENT If appointee has previously or is currently employed by State or Local Government, or any other State agency including, KSU, give agency name(s), date(s) of employment and employee ID, if known.

ADDITIONAL INFORMATION

FUNDING INFORMATION Updated by Departments in HRIS. For department use only.

PROJECT #	PROJECT DESCRIPTION	FUND SOURCE	ORG	AWARD (If applicable)	FTE	ANNUAL AMT

EMPLOYEE OATH

(K.S.A. 75-4308) I do solemnly (swear) (affirm) that I will support the Constitution of the United States and the Constitution of the State of Kansas and faithfully discharge the duties of my office or employment. So help me God.

Employee's signature _____
SUBSCRIBED AND SWORN TO before me this ____ day of _____ 20____
Notary Public _____

Spoken English Competency must be completed for all new faculty hires. Please complete and attach a PER 20, Faculty and GTA Spoken English Competency Assessment Sheet.

EMPLOYEE SIGNATURE _____ DATE _____

SIGNATURE(S) OF UNIT OR DEPARTMENT HEAD, DEAN AND/OR VICE-PRESIDENT _____ DATE _____