

KANSAS STATE UNIVERSITY
9 MONTH UNCLASSIFIED SUMMER TRANSACTIONS PER-45

Employee ID		Name		SSN	
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(Optional)

Department ID		Department Name	
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Effective Date		End Date (required)	
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APPOINTMENT INFORMATION:

For employees currently on 9-month benefit-eligible positions. Place an "X" in appropriate box.		
Summer School Appointment	Record #10	
Summer Appointment	Record #11	
Additional Summer Appointment	Record #	

POSITION INFORMATION:

Position Number (must be a temporary position #)		FTE		Benefit Program	
Job Code		Job Title			
Biweekly Compensation Rate (FLSA status: E/exempt)				(Does not earn overtime)	
Hourly Compensation Rate (FLSA status: N/nonexempt)				(Does earn overtime)	

FUNDING INFORMATION: Department Use Only. Departments are responsible for updating funding information in HRIS. Funding information provided will not be updated on-line by HR.

PROJECT #	PROJECT DESCRIPTION	FUND SOURCE	ORG	AWARD (if applicable)	FTE	ANNUAL AMOUNT	*EOS DATE

*EOS = End of Source

ADDITIONAL INFORMATION:

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SIGNATURE AUTHORIZATION:

Signature(s) of Unit or Department Head, Dean, and/or Vice President

Date: _____