



STUDENT TEMPORARY APPOINTMENT*

Florida Atlantic University
Boca Raton, Florida

OFFICE USE ONLY

Term _____
 # of Credits _____
 Residency Status _____
 Classification _____
 GPA _____
 Checked by _____ Date _____

JOB TYPE: _____
 SUFFIX: _____

*** NOTE: APPOINTMENTS MUST BE SUBMITTED TWO (2) WEEKS PRIOR TO THE BEGINNING DATE OF THE STUDENTS' EMPLOYMENT TO ALLOW ADEQUATE TIME FOR PROCESSING**

1. Z# _____ Name _____
 2. Social Security No _____ CHECK ONE: U.S. CITIZEN RESIDENT ALIEN INTERNATIONAL (COUNTRY) _____
 3. Campus Code _____ Bldg# _____ Room# _____ Phone# _____

STATUS:	ASSIGNMENT:	ACTIVITY:	FEDERAL WORK STUDY (See Instructions):
<input type="checkbox"/> New <input type="checkbox"/> Continuing/Previously Employed	Timekeeping Org _____ Home Org _____ Check Distribution# _____ (only if different)	<input type="checkbox"/> Clerical/Manual <input type="checkbox"/> Skilled/Technical <input type="checkbox"/> Academic <input type="checkbox"/> Check 'IF' position handles money	<p style="text-align: center; color: red; font-weight: bold;">FOR STUDENT EMPLOYMENT OFFICE USE ONLY:</p> FALL AMOUNT \$ _____ SPRING AMOUNT \$ _____ SUMMER AMOUNT \$ _____
CLASSIFICATION (See Instructions):		SPECIAL EVENTS:	
<input type="checkbox"/> Student Assistant 124020 <input type="checkbox"/> Graduate Student Worker 124010 <input type="checkbox"/> Graduate Research Assistant 125010 <input type="checkbox"/> Graduate Teaching Assistant 125020 <input type="checkbox"/> Graduate Research Associate 126010 <input type="checkbox"/> Graduate Teaching 126020 <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Supercede Job Type _____ Suffix _____ Position # _____ Original Beginning Date _____ Reason: _____ _____	IMPORTANT NOTES:	
<p>Please review the Student Appointment Instructions. Complete attached Employee Acknowledgement form and keep on file in your department for auditing purposes. P Please send original and one copy of this form to Student Employment. Keep 1 copy for your records.</p>			

TITLE:			Job Location:							
Department Name	INDEX #	FTE %	BI-WEEKLY SALARY	# OF BIWEEKLY	MAX. HRS/WK	LUMP SUM AMOUNT	HOURLY \$	TOTAL EARNINGS \$	BEGINNING DATE	ENDING DATE

Form Prepared By: _____ Phone Extension: _____ Date: _____

Signatures below will acknowledge that the information above is correct and the instructions on the reverse side of this form have been read and followed:

AUTHORIZED SIGNATURE: _____
 Department Supervisor Print Name Date

_____ Print Name Date
 College Dean, Director or Vice President Signature

STUDENT EMPLOYMENT OFFICE USE ONLY: _____
 Student Employment: (Authorized Signature) Date Processed



**EMPLOYEE ACKNOWLEDGEMENT
OF MAXIMUM HOURS TO BE WORKED PER WEEK**

(NOTE: One employee acknowledgement should accompany every Temporary (formerly known as OPS) Non-Exempt Personnel Action Form or Student Appointment Form)

Employee Name _____

Z# _____

Daytime or Cell Phone Number _____

FAU Email _____

Supervisor Name _____

Phone # _____

Supervisor Email _____

Department Name _____

I understand that by signing this acknowledgement, I am agreeing to inform my supervisor via signed timesheet (with actual hours worked) of any changes to my FTE (Full Time Employee %) in any given work week. The FTE is the number of hours worked / 40.

I understand that I should not work more than the number of hours per week indicated on the personnel action form or student appointment form, if it will cause me to go into overtime, unless I have prior written approval from my supervisor.

I will always accurately report all hours worked on my timesheet.

My appointment FTE for this assignment is: _____, which equals _____ hours per week.

Please check one:

I am currently working in more than one department:

I am currently working in another department on-campus: Dept. name _____

My appointment FTE in the above department is _____ which equals _____ hours per week.

I am working in ONLY one department:

I am not currently working in another department on-campus, but if I decide to work in more than one department, I understand I need to notify all supervisors immediately.

Employee Signature _____

Date _____