

ARGONNE JOINT STAFF EMPLOYMENT FORM

Last Name	First Name	Middle Initial	Social Security Number
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Mailing Address	City	State	Zip Code	Phone
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Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date _____	Race – select ALL that apply <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native Hawaiian/Pacific Islander	US Citizen? If no, attach Alien Information Request Form. <input type="checkbox"/> Yes <input type="checkbox"/> No Check Delivery Code _____
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single	Has there been a declaration of a disability? _____		

Argonne Joint Staff Appointment -- Non-Employee-- Job Code: 7125-00

Brief Description of Duties _____

Hours/week _____ Annual Salary _____ Assignment Begin _____ Assignment End _____ R/T/C=R

Department _____ Department Number _____ Term Appointment

Supervisor _____ Phone _____ Building and Room Number _____

Account Number	Earn	Percent	Start	End
_____	AFG	_____	_____	_____
_____	AFG	_____	_____	_____
_____	AFG	_____	_____	_____
_____	AFG	_____	_____	_____
_____	AFG	_____	_____	_____

_____ Contact Person	_____ Phone Number	I-9 documents submitted: Citizenship:
_____ Departmental Administrator	_____ Date	
_____ Vice President for Research and for Argonne National Laboratory	_____ Date	

HRS:

INSTRUCTIONS: This form should be completed and submitted to the Office of the Vice President for Research and for Argonne National Laboratory after the joint staff appointment has been approved.