

**POST DOCTORAL SCHOLAR 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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<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Birth Date:</b> <hr/> <b>Has there been a declaration of a disability?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Race: - select ALL that apply</b> <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 <input type="checkbox"/> Native Hawaiian/Pacific Islander	<b>US Citizen? If no, please attach an Alien Information Request Form (UPP 192)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Visa Type:</b> <hr/> <b>Check Delivery Code:</b> _____
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Emergency Contact:	Contact's Relationship:	Contact's Phone:
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<b>Type of Assignment:</b> <u>Post-Doctoral Scholar (7150-00)</u> <b>Assignment Begin Date:</b> _____ <b>Assignment End Date:</b> _____ <b>Department:</b> _____ <b>Department Number:</b> _____ <b>Supervisor:</b> _____ <b>Phone Number:</b> _____ <b>Building/Room Number:</b> _____ <b>Mail Code:</b> _____	<b>Monthly Rate:</b> _____ (cannot exceed \$6666.67*) <b>Hours per week:</b> _____ <b>Special Allowance:</b> <b>Type:</b> _____ <b>Amount:</b> _____ <b>Check All that Apply to this Position:</b> <input type="checkbox"/> BSD Compliance Screening Required <input type="checkbox"/> Background Check Required <input type="checkbox"/> Requires incumbent to operate vehicle on the job R / T / C = R
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<u>Account Number</u>	<u>Earn</u>	<u>Percent</u>	<u>Start</u>	<u>End</u>
_____	REG	_____	_____	_____
_____	REG	_____	_____	_____
_____	REG	_____	_____	_____
_____	REG	_____	_____	_____
_____	REG	_____	_____	_____

_____ Contact Person	_____ Phone Number	I-9 Documents Submitted:  Citizenship:  HRS:
_____ Departmental Administrator	_____ Date	

**INSTRUCTIONS:**

This form should be completed after the decision is made to hire a Post Doctoral Scholar employee. Please attach the Employment Eligibility Verification Form (I-9), along with photocopies of supporting documents. All BSD Departments must send to this form, along with the I-9, to the BSD/Office of Academic Affairs (AMB 0-104). BSD/OAA must then send this form to HRS-Records Administration (6054 S. Drexel Ave.) for processing. All other departments should send directly to HRS-Records Administration (6054 S. Drexel Ave) for processing. The IRS W-4 and state W-4 should be sent directly to Payroll Services. If the employee is an alien, a Comptroller's Alien Information Request Form (UPP 192) and supporting documents must be forwarded to directly to Payroll Services (6054 S. Drexel Ave., Suite 300).

\* For questions regarding the maximum salary please contact Steve Gabel at 702-0790 or Aneesah Ali at 702-5671.