

GRAHAM SCHOOL TEMPORARY 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 Has there been a declaration of a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	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 <input type="checkbox"/> Native Hawaiian/Pacific Islander	US Citizen? If no, please attach an Alien Information Request Form (UPP 192) <input type="checkbox"/> Yes <input type="checkbox"/> No Check Delivery Code: <u>46480</u>
Martial Status <input type="checkbox"/> Married <input type="checkbox"/> Single			

Graham School Teacher job code: 4000-08

Brief Description of Duties _____

Rate _____ Hours per week _____ Assignment Begin _____ Assignment End _____ R/T/C=T

Department: Graham School Department Number: **46480** Term Appointment

Supervisor Name: _____ Phone _____ Building and Room Number _____

Note: If your department is currently using *UChicago Time* it is important that you provide the following approver information in order for the employee's record to be correctly updated in the payroll system and *UChicago Time*. Visit whoami.uchicago.edu to obtain ChicagoIDs. If your unit does not use *UChicago Time* the following fields do not need to be completed.

Primary Approver Name	Primary Approver ChicagoID	Secondary Approver Name	Secondary Approver ChicagoID
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Account Number	Earn	Percent	Start	End
_____	RPD/REG	_____	_____	_____
_____	RPD/REG	_____	_____	_____

Contact Person _____ Phone Number _____ Departmental Administrator _____ Date _____	I-9 documents submitted: Citizenship: HRS:
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