

# Personnel Request Form

Employee Name:		WSU ID (if known):	
Department Name:			
Employee Type: <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Grad <input type="checkbox"/> Time Slip <input type="checkbox"/> Other:			
Supervisor:		Period:	Rate:
Work Location:		Country of Citizenship:	
Appointment Start Date:		Appointment End Date:	
<b>FUNDING INFORMATION</b> (If more than 3 lines, please attach a spreadsheet.)		<b>Funding Line #1</b>	<b>Funding Line #2</b>
		<b>Funding Line #3</b>	
Funding Start Date:			
Funding End Date:			
Program/Budget/Project:			
FTE Percentage:			
Anticipated Cost (\$) for appointment/change (all non-Time Slip)			
Purpose of Request and Brief Description of Duties:			
Justification for all Retro Actions:			
90 day justification for all Retro <b>GRANT</b> actions:			
<b>Additional Questions (REQUIRED) for all Time Slip Actions/Appointments</b>			
Do you anticipate the employee will be appointed for six (6) months or more? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Anticipated hours of work per week: 0-19 <input type="checkbox"/> 20-29 <input type="checkbox"/> 30-40 <input type="checkbox"/>			
Is it anticipated the employee will work eight (8) or more hours in each month of the appointment? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Will this appointment be occurring seasonally, or on a recurring basis? Yes <input type="checkbox"/> No <input type="checkbox"/>			
As of this appointment, do you anticipate this employee will be in student status now, or any time during the upcoming year? Yes <input type="checkbox"/> No <input type="checkbox"/>			