NORTHERN MICHIGAN UNIVERSITY
TEMPORARY LABOR APPOINTMENT FORM

EMPLOYEE:
Name: ____________________________________________________________
_________________________ ______________________
Last First M.I IN #, if Known

_________________________ Telephone Number
Street

City State Zip Code

POSITION DESCRIPTION:
Position Title
Brief description of duties:

POSITION TYPE:
NEED FOR POSITION:

AFSCME  A/P  C/T  NMUFA  Non Represented  Unclassified
Full-time  Part-time  New Position (augmenting regular work force

Number of hours: Substitute (relieving employees who are absent)

Part-time

or specific short-term project)

First day of employment
Month Day Year
Last day of employment
Month Day Year

(Governed by Union Agreement or University policy)

College or Division _______________________________________________

Department ______________________________________________________

Account Number Hourly Rate of Pay

(Governed by Union Agreement or University policy)

APPROVALS:
_________________________ Requested By ______________________

_________________________ Department Head ______________________

_________________________ Human Resources Department ____________________

INSTRUCTIONS: Complete this form and forward it to the Human Resources Department, 158 Services Building
for approval. Contact Human Resources at 227-1493 with any questions.