

Motlow State Community College

A Tennessee Board of Regents Institution

Appointment Form

Name (Indicate full name): _____

Banner System ID/SSN: _____ Date of Birth _____

Contact Phone Number and Email: _____

Position Title: _____

Position Number: _____

Budget Fund/Org/Acct/Program Number: _____

Appointment Type (Complete All Sections): Regular Temporary | Full Time Part Time |

Faculty Contract Type: Adjunct Temp Tenure Tenure-Track Term | 10-Month 12-Month

Did the Candidate Accept Position? Yes No Date Accepted/Declined: _____

Start Date: _____ Employment End Date (for Temps) _____

Rate of Pay: Hourly/Annual Amount: _____

Total Hours of this Appointment: _____

Years of Experience at Time of Hire: _____

Documented compliance of MSCC's Equal Employment/Affirmative Action Policies: Yes No

Documented compliance of TBR Guideline P-010: Yes No

Worked in any capacity at MSCC in the last 12 months: Yes No

Web Time/Leave Data Section to be Completed for Staff and 12-mo Faculty by Supervisor/VP:

Check One for Employee: Web Time Employee Web Leave Employee

Approver: _____

If applicable, what kind of approver? (Circle ONE or BOTH): WEB TIME WEB LEAVE

Timesheet Org for this Position (PSAORGN): _____

Recommended Approval (Supervisor): _____ Date: _____

Vice President Approval: _____ Date: _____

Human Resources/Affirmative Action Official: _____ Date: _____

The President's approval is required on all regular full-time and regular part-time employees only:

President Approval: _____ Date: _____

All sections must be completed. NOTE: There must be a two-week break in service every six months on all temporary appointments. Out-processing form must be completed and submitted to HR prior to last workday for all terminating employees.