

Personnel Appointment Form

Human Resource Services



Banner ID or SSN (last 4 digits) M	LAST NAME	FIRST NAME	MIDDLE	PREFIX	SUFFIX		
PPAIDEN	Street Address		City, State, Zip Code		Home Telephone		
	MTSU Box No. (if any)	Building Code (see page 3)	Room Number		Campus Telephone		
	Sex: Male Female	Birthdate	Citizenship	Ethnicity: Hispanic/Latino Yes No	Edison ID (HR Only)		
Employee's Personal Email _____ Division _____							
Department contact name _____ Department contact no. _____							
Box no. _____ Contact e-mail _____ Department name _____							
PEAEMPL	EMPLOYEE INFORMATION						
	Current Hire Date (First Work Date):		Home Dept. Org.:		Timekeeping Org.: T		
	FOR HR USE ONLY						
	Adjusted Service (Accrual Date) Date:		Seniority (Longevity) Date:				
First Worked Date (Local Experience Date):		IPEDS:					
PPAGENL	DEGREE INFORMATION: Enter for each degree earned (required for initial faculty, adjunct, or new degree)						
	SBGI Code:		SBGI Code:		SBGI Code:		
	Institution Name:		Institution Name:		Institution Name:		
	Degree:	Deg. Date	Degree:	Deg. Date	Degree:	Deg. Date	
	Major:		Major:		Major:		
EXPERIENCE INFORMATION VPAA:		Other Higher ED:		Related Exp.:	CIP CODE: AA USE ONLY		
NBAJOBS	JOB AND PAY INFORMATION						
	Job Title:						
	Pay Dates		Position	Suffix	FTE	Monthly Salary	Annual Salary
	Begin	End					
LABOR DISTRIBUTION: (Information purposes only - required for Academic Affairs)							
INDEX #	AMT/PCT	INDEX #	AMT/PCT	INDEX #	AMT/PCT		

Remarks

Name _____ M# _____

Contract for Administrative/Classified Employees: In consideration of the stated salary, the appointee agrees to perform such duties at such times and places and in such manner as the institution through its representatives may from time to time direct. You further agree to faithfully perform the duties assigned to you to the best of your ability and to devote your full time to the institution, subject to the general supervision and pursuant to the orders, advice, and direction of the State of Tennessee and the policies and requirements of this institution. This appointment is made subject to the laws of the State of Tennessee and the policies and requirements of this institution. This appointment is for an unspecified period unless otherwise indicated and shall continue for such time as the institution is in need of or desirous of your services. This agreement may be terminated at any time during the first (6) six months of initial employment, and thereafter either the institution or the appointee may terminate this agreement without cause at any time upon ____ days notice. The institution reserves the right to impose a probationary period at any time during employment, during which prior notice of termination would not be applicable. The stated salary is payable in accordance with institutional policies.

It is a Class A misdemeanor to misrepresent academic credentials.

I agree to abide by the terms of the Drug-Free Workplace Act of 1988 as defined in published institution statements and policy. I also agree to notify the Human Resource Services Office of any criminal drug conviction for a violation occurring in the workplace no later than five days after such conviction.

I agree to comply with all applicable laws, policies, and guidelines including, but not limited to, those regarding the use of information technology resources and the confidentiality and integrity of information assets.

I agree to abide by the policies of Middle Tennessee State University regarding Intellectual Property and hereby acknowledge my responsibilities under those policies to disclose and possibly assign (as required under policy) Intellectual Property rights developed by me, either solely or jointly with others, during the term of my employment, and to otherwise assist MTSU as required by policy in protecting rights it may have in that Intellectual Property.

I am _____ am not employed as a regular part-time or regular full-time employee at another state agency or institution (NOT local education or local government). In order to process a payroll check, federal regulations require disclosure of your retirement system(s). If employed, where _____

I accept this appointment under the conditions described above. I understand that this appointment is not approved until all signatures have been obtained.

If I am granted access to Student Records in the course of my employment, I agree to comply with the provisions of MTSU Policy 500 Access to Educational Records, and I will complete the FERPA tutorial, <http://www.mtsu.edu/resources/staff/ferpa/> within 30 days of the date of my signature.

Appointee's Signature _____ Date _____

AUTHORIZATION

_____ Department Head*	_____ Date	_____ President	_____ Date
_____ PI	_____ Date	_____ Graduate Dean	_____ Date
_____ Dean	_____ Date	_____ Institutional Equity and Compliance	_____ Date
_____ Vice President	_____ Date	_____ Human Resource Services	_____ Date

**For teaching assignments, signature denotes appointee meets MTSU and SACS requirements for English proficiency.*