**Penn State Wage Payroll Appointment Form**

**NAME**: _____
First Middle Last

**SEX:** _____ **COUNTRY CITIZENSHIP:** _____

**RACE/ETHNIC (choose one):**

____ Asian of Pacific Islander (ASN) ____ Black (BLC)
____ Hispanic (HSP) ____ American Indian (IND)
____ White (WHT)

**SUPERVISOR:** _____ **COUNTY:** _____

**CED SIGNATURE** _____

**DATE APPOINTMENT BEGINS:**_____
(Employee may not begin working until the supervisor receives notification that the employment documents have been received and that they are accurate.)

**DATE APPOINTMENT ENDS:** _____

**TYPE OF EMPLOYMENT:**

Casual (on call, may work one week and not the next) _____
Permanent (works set number of hours each week) _____

**HOURLY RATE:** _____ **HOURS PER WEEK:** _____

**COLLEGE FEDERAL WORK STUDY PROGRAM:** _____ Yes _____ No
**DIVERSITY OR SCHREYER INTERN PROGRAM:** _____ Yes _____ No

**DESCRIPTION OF DUTIES:**

_____

_____

**SOURCE OF FUNDING*:** **Issues Number: _____**

_____ Grant administered at PSU (Budget _____ Fund _____)
_____ Grant administered in the county
_____ University funds (Identify source: _____)
_____ PSU/County pass through funds (county will be invoiced quarterly for wages and fringe benefits.)

***Please note: If the source of funding changes during the appointment, it is the supervisor's responsibility to inform Kim McClelland of this change. Wages that are charged to incorrect funding sources cannot be corrected after 30 days.**
**5/09**