

# NDSU HIRING FORM 100/102: Job Data

(To be completed by Hiring Department)

Employee Name: Last First MI Suffix

Employee ID (if known): Hire Date:

Functional Title:  
.....

Position Number (Primary Job on Campus):

Position Number (Secondary Job on Campus):

Position End Date (if applicable):

Supervisor:

Job Family:

Department # / Name: /

Work Address / Phone #: /

Standard Hours/Week: % FTE:

Student Employee: No Yes Work Study: No Yes

If this is a Graduate Student, are they receiving a Tuition Waiver? No Yes

Kronos Timeclock: No Yes Eligible to Work in the US? No Yes

Benefited: No Yes

Compensation Rate: /

If applicable, please schedule a benefits session.

**Please complete this entire section for ALL benefited employees.**

Less than 12 month schedule: No Yes

If less than 12 month schedule:

Term of Employment: 9 month 10 month 11 month Other

Contract Start Date: Contract End Date:

Eligible for Tenure: No Yes Rank (if applicable):

Highest Degree Earned: Year Earned:

The above changes have been made in accordance with University policies.

Department or Unit Head	Date	Budget Office	Date
Dean/Director	Date	Human Resources/Equity and Diversity	Date
Graduate School (if applicable)	Date	President	Date
Vice President	Date		

Employee Name: Last First MI EmplID:

Position Number(s):

**FROM:**

Account Code(s)					\$ Amount	% Split	Budget
Fund	Dept	Project	Program	Account			

**TO:**

Account Code(s)					\$ Amount	% Split	Budget
Fund	Dept	Project	Program	Account			

Budget Adjustment		Date		
INCREASE	Position #		Account Code	Amount
DECREASE	Position #		Account Code	Amount

Remarks:

Completed by:

Phone #/Email: