

Contractual Contact Person Only:

Contact Name:	Ext.	Email:
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The OHR must be notified if the contract is cancelled or terminated prior to the ending date.

Morgan State University Contractual Personnel Request Form

New

Continuation

Revision

Please process employment papers for the following individual:

Name:			Job Title:
Last	First	Middle	
Index: Fund		Org	Department:
Acct.		Prog.	
Charge Code(s):			Division:
SS #:			Telephone:
Address:			Supervisor:
City:	County:		Supervisor's Telephone:
State:	Zip Code:		Supervisor's PIN Number:
Personal Email Address:			Supervisor's email address:
Home Telephone:			Starting Date: Ending Date:
Regular MSU Employee:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Grant Title:
Previous Contractual Employee:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Please list any relative(s) working for MSU and the section in which they work:			
Name:		Department:	

Note: The Human Resources Office must clear all full-time/part-time students with the Financial Aid Office prior to preparation of contract.

Total Salary (Total Hrs. x Rate of Pay): \$	Salary Based on Annual Salary of: \$	Please indicate employee status for benefits eligibility:	Status: <input type="checkbox"/> Non-Student
Total Hours:	Rate:		<input type="checkbox"/> F/T Graduate Student
Per Day:	Hourly: \$	<input type="checkbox"/> Full-Time	<input type="checkbox"/> F/T Undergraduate Student
Per Week:	Daily: \$	<input type="checkbox"/> Part-Time	<input type="checkbox"/> P/T Graduate Student
Days Per Week:	Other: \$	<input type="checkbox"/> No Benefits	<input type="checkbox"/> P/T Undergraduate Student

A Position Description Form (HR 06) must be attached to process all contractual requests.

Brief Job Description:

The requesting department is responsible for securing the appropriate signatures prior to submission to the Human Resources Office. In some cases, all signatures will not be required.

Signature of Requestor:	Approval: Faculty/Research Office
Date	Date
Approval: Chairperson/Director	Approval: Research Projects/Grants
Date	Date
Approval: Dean	Approval: Comptroller
Date	Date
Approval: Divisional Vice President	Approval: Human Resources Director
Date	Date

THIS COMPLETED FORM SHOULD BE SUBMITTED TO THE OFFICE OF HUMAN RESOURCES "AUTHORIZATION" AT LEAST 5 DAYS PRIOR TO THE REQUESTED STARTING DATE.

HR Use Only

MSU - PF10 (08/18)

Notified: _____ Date: _____ Email _____ Telephone _____