How to Complete a PF10

Use the PF10 to initiate a contract or to continue or revise an existing contract.

1. After clicking the link to the PF10 form, you will be directed to a DocuSign page to establish the Signer Information (approvals), prior to completion of the form.

PowerForm Signer Information	If you are unsure of the Signer Information
Fill in the name and email for each signing role listed below. Signers will receive an email inviting them to sign this document.	(approvals) required for the PF10, consult with your department or division budget officer or leadership.
Please enter your name and email to begin the signing process.	
Initiator	Enter your name and email address as the Initiator.
Your Name: *	initiator.
Full Name	
Your Email: *	
Email Address	
Please provide information for any other signers needed for this document.	
Requestor	Enter the name and email address of the Requestor, if different than you.
Name:	Requestor, if different than you.
Full Name	
Email:	
Email Address	
Employee	Enter the name and email address of the
Name:	individual (Employee) receiving the contract.
Full Name	
Email:	
test@morgan.edu	
Director/Chairperson	Enter the name and email address of the department director or chair.
Full Name	
Email:	
Email Address	

Dean	if applicable.
Name:	
Full Name	
Email:	
Email Address	
Budget Officer	Enter the name and email address of your program or division budget officer.
Name:	
Full Name	
Email:	
Email Address	
Divisional Vice President	Enter the name and email address of your division vice president.
Name:	
Full Name	
Email:	
Email Address	

Scroll down and click on **Begin Signing** to launch the PF10 Form.



2. The following document will appear. All fields in red are required.

	san State University sonnel Request Form Revision:
Name: Middle First	Job Title:
MSU ID	Department:
Address:	Division: select
City: County:	Supervisor:
State: Zip Code:	Supervisor's MSU ID:
Telephone: Email:	Telephone:
Regular MSU Employee: Yes No	Supervisor's e-mail address:
Previous Contractual Employee: Yes No	Starting Date: Ending Date:
Index: Fund: Org: Acct: Prog:	Grant Title:
Charge Code(s): select V	
Please List any relative(s) working for MSU amd the department in which t	hey work:
Name:	Department:

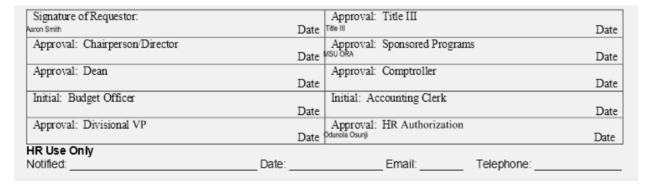
- a. Indicate whether this is a **New** contract or a **Continuation** or **Revision** of an existing contract in the blue banner at the top of the document.
- b. Enter the personal information, job title, and supervisor information for the contractual employee.
- c. Indicate whether the individual receiving the contract is a current regular employee, a previous contractual employee, and complete the budget information in red (Index, Fund, Org, etc.); use the drop-down feature to select the funding source. If you are unsure of the budget information, contact your program or division budget officer.



3. In the next section, enter the salary information for the contractual position.

Total Salary: (Total Hours X Rate of Pay)	Salary Based on Annual Salary of:	Please indicate employee status for benefits eligibility:	Status: Non-Student
Total Hours:	Rate: Required nount)	Full-Time	F/T Graduate Student
Per Day:	Hourly:	Part-Time	F/T Undergraduate Student
Per Week:	Daily:	Benefits No Benefits	P/T Graduate Student
Days Per Week:	Other:	Benefits	P/T Undergraduate Student
A Position Description Form	(HR 06) must be attached to process	s all contractual requests.	
Brief Job Description or Jus	stification Statement for the request	:	

- a. **Total Salary** = the TOTAL amount for the contractual assignment that cannot be exceeded (Total hours X Hourly). Timesheets become unavailable when this amount is reached.
- b. **Salary Based on Annual Salary of**: = enter the total salary.
- c. **Total Hours**: enter the total number of hours to be worked on the contract (# of hours per day X # of days per week X # of weeks in the contract).
- d. **Per Week**: the number of scheduled hours per week.
- e. Hourly: enter the hourly rate for the position.
- f. **Brief Job Description**: Enter a brief description of the duties and responsibilities of the position. A position description form is located on the final page of the document.
- 4. The signatures listed in the following section will be obtained once the DocuSign PF10 form has been submitted. Proceed to the next page.



5. Enter the Position Description information on this page.

	Office of Human Resources Position Descripti	on Form	
1.	Name of Division:		
2.	Name of Department or Section:		
3.	Name of Incumbent of Position:		
4.	Present Classification Title:		
5.	How long have you been performing the duties described below?		
б.	Name and Title of Immediate Supervisor:		
	rtify that the entries made below are, to the best of my known that the entries made below are, to the best of my known that the entries made below are, to the best of my known that the entries made below are, to the best of my known that the entries made below are, to the best of my known that the entries made below are, to the best of my known that the entries made below are, to the best of my known that the entries made below are, to the best of my known that the entries made below are, to the best of my known that the entries made below are, to the best of my known that the entries made below are, to the best of my known that the entries made below are, to the best of my known that the entries made below are, to the best of my known that the entries made below are the entries of the best of my known that the entries made below are the entries of	wledge, accurate and complete.	
Da			
7.	Are the responses below to the questions on the Position Yes No If no, indicate changes on a		ally correct?
8.	Are you the immediate supervisor? Yes No	If no, give name and title of imm	ediate supervisor:
	ervisor's Signature and Title		
Da	e: Signed:		

- a. **Name of Division**: enter the division (i.e., Academic Affairs, Finance & Administration, Student Affairs).
- b. Enter the **Department**, **Section**, or Program name.
- c. Enter the name of the person (Incumbent) currently in the position or "not applicable."
- d. Present Classification Title is the current job title.
- e. **How long**: Enter the length of time the incumbent has been in the position, or "not applicable."
- f. **Name and Title of Supervisor**: Enter the name and job title of the supervisor for this position.

- g. Enter a high-level summary and overview of the position in section 9.
- h. Enter more detailed duties and responsibilities in section 10.

9.	Main Purpose of Position:	
		Required
10	Duties & Responsibilities:	
10.	Dates a responsionates.	

Once complete, click on **Finish** and the PF10 form will be sent to the first signer for approval.



Questions?

Contact the Human Resources Information Systems (HRIS) Team!

Email: hris@morgan.edu

Phone: 443-885-3195

Contractual hiring resources can be found here.