

FULL-TIME EMPLOYEE APPOINTMENT
East Central University
Ada, OK 74820

Date: _____

_____ SSN _____ is recommended for appointment as
_____ (position or classification) effective _____

- This person will be a replacement for _____
- This person will be an additional employee _____
- This person is a transfer (name of department) _____
- This person is receiving a salary adjustment for _____

Salary or Wage Amount:

_____ Annual Salary
_____ Per Month
_____ Per Hour

Budget

Charged:	<input type="checkbox"/> Educational & General	Department Name	_____
	<input type="checkbox"/> Educ. & Gen. (State & Fed. Grants)	Department Name	_____
	<input type="checkbox"/> Auxiliary Enterprises	Department Name	_____
	<input type="checkbox"/> Other	Department Name	_____

Fund#: _____ Function#: _____ Object#: _____ Project#: _____

SUPERVISOR: _____ Date _____

VICE PRESIDENT _____ Date _____

- Approved
- Not Approved

PRESIDENT _____ Date _____

- Approved
- Not Approved

<p><i>Human Resource only:</i></p> <p style="text-align: center;"><i>Human Resource Officer</i> _____</p> <p>_____ <i>Exempt (Overtime DOES NOT apply)</i></p> <p>_____ <i>Non-Exempt (Overtime DOES apply)</i></p>

Computer Entered Date _____
I.D. Number _____
Date sent to Payroll _____