

## Non-Instructional Employment Processing Form

Employee Name (Last Name, First Name)  MI Social Security Number						
Org Unit#	Scho	ool/Department Name			Work Phone	
Employment S New Hire		Rehire Temp	<i>-</i>	Time Permanent Time Permanent	Pers No. (Rehire	e Emp.)
To Be Completed by Work Location  Position # Position Title						
Vacancy Deadline Percentage Work Cal. Pay Cycle					Work Hours	
Recommending Administrator Signature  Form Completed By:						
Employee Sign	ature				Telephone:	
To Be Completed by Non-Instructional Staffing ONLY						
Rate Amount		Shift Differential	Step	Personnel Area	Clerical Test Date	Fingerprint Date
Leave Accrual Date Notes		Sick Leave Effective Date	Probation End Date	Bargaining Unit Date	Start Date	End Date
NIS Approved	Ву:				Date	
Pers. Records	Appro	oved By:			Date	
•		npus Monitor		ty Specialists	Positions O	nly)