

INCOMPLETE OR INACCURATE FORMS WILL BE RETURNED TO THE DEPARTMENT



**Request for Approval for Supplemental Contract Appointment
Administrative & Professional and Career Service Personnel**

Date: _____

Fiscal Year: _____

Employee: _____ SFC ID#: _____

Campus: _____ Bldg./Room: _____ Phone: _____

A&P Career Service

Amount: \$ _____

To be paid from: _____ Department Name _____

Account Number _____

Effective Dates: beginning _____ ending _____.

Justification for selecting proposed employee:

Specifically state the work to be done: Attach additional sheets as necessary.

Approvals:*

Budget Signature Authority: _____ Date: _____

Chair/Director: _____ Date: _____

Employee Signature: _____ Date: _____

Vice President: _____ Date: _____

Associate Vice President: _____ Date: _____

Provost & VP, Academic Affairs: _____ Date: _____

Finance Officer: _____ Date: _____

President/President's Staff: _____ Date: _____

Director, Human Resources: _____ Date: _____

*All approvals may not be required. All applicable approvals required prior to submitting to HR for processing.