

# University System of New Hampshire

## Casual, Part-Time, Full-Time Temporary Appointment Form

**New Hire**                     
  **Change InRate/Position**                     
  **W-4 & I-9 sent to HR** \_\_\_\_\_  
Date

**Name:** \_\_\_\_\_ **USNH ID#:** \_\_\_\_\_  
Last                      First                      Middle Initial

**Employee Information:** (Check the one box that applies)  **Stipend or Supplemental Pay**

**Casual Hourly (JH)** – Appointments made for a single event or recurring short-term event. Expected to be generally up to 200 hours per fiscal year.  
Est. Hours/Week \_\_\_\_\_

**Part-Time Hourly (CH)** – Appointments for staff whose total commitment is expected to be greater than 200 hours but less than 1500 hours per fiscal year.  
Est. Hours/Week \_\_\_\_\_

**Full-Time Temporary Hourly (DH)** – Appointments for staff whose total commitment is expected to be at least 1500 hours in a fiscal year. Appointments may be renewed for a total of 3 years.  
Est. Hours/Week \_\_\_\_\_

**Student Hourly (SH)**  
 **College Work Study-** work study hire forms are available in the Financial Aid office.  
***DO NOT COMPLETE THIS FORM***

**Hourly Rate:** \$ \_\_\_\_\_ **OR Contract Amount:** \$ \_\_\_\_\_ (used for stipends and/or supplemental pay only)

**Job Description:** \_\_\_\_\_

**First Day of Appointment:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm    dd    yy

**Last Day of Appointment:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm    dd    yy

**\*Timesheet Organization:** \_\_\_\_\_  
**Fill in your Department Org:**

**Job Labor Distribution:** 1UM050/\_\_\_\_\_  
Fund                      Org

\_\_\_\_\_  
**Supervisor's Name** (Type or print clearly)

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Supervisor's Signature**

Approvals:		
Human Resources		
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	_____ Signature	_____ Date
Business Office		
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	_____ Signature	_____ Date