COLLEGE OF EDUCATION
UNIVERSITY *of* WASHINGTON

New Appointment Request Form ("Blue Form")

This form is to be used to request any new Staff, Student or Faculty appointments. Please complete all fields below.

Employee Information:

Name (Last, First):	New Employee? ☐ YES ☐ NO - *Current/Rehire*	Current UW Student? ☐ YES ☐ NO

Email Address:	Phone #:	Supervisor:

Position Type: ☐ Staff ☐ Student ☐ Faculty	Employee/Student ID#:	International Student? ☐ YES ☐ NO

Appointment Information:

GSA Type:	☐ Teaching ☐ Research ☐ Staff	Salary	Current Student Level
Title:		$ _____ ☐ PER MONTH ☐ PER TERM	☐ **Pre-master** - *(Masters student)* ☐ **Intermediate** - *(Pre-doc PhD student)* ☐ **Candidate** - *(Advanced to Candidacy)*

Quarter(s) of Appointment *(if applicable)*:

☐ AUT ☐ WIN ☐ SPR ☐ SUM ☐ ACADEMIC YEAR	Is the Student Registered for Qtr of Appt(s)? ☐ YES ☐ NO ☐ N/A

Start Date(s):	End Date(s):	Service Period:	FTE:

Notes/Details: *(Please include course #/name, # credits, research project name here):*

Budget Information – <u>REQUIRED</u>:

BUDGET NUMBER	BUDGET NAME	% OF TIME	PCA CODES (T.O.P.) *(COE Fiscal Use Only)*		BN DATES *(if ends <u>before</u> appt end date)*	
1.						
2.						
3.						TOTAL %:

Total percentage must equal FTE

SIGNATURE: _____   DATE: _____
Principal Investigator/Financial Manager/Signature Authority

APPROVALS – DEAN'S OFFICE USE ONLY	
1. **Budget/Fiscal Approval** *(print name/initials):* _____	Date:
2ⁿᵈ Budget/Fiscal Approval *(if applicable)*: _____	Date:
2. **Payroll Title:** _____ **Job Class:** _____ **HR Director/Manager (initials):** _____ UW Hires? YES | NO REQ#_____	**Special Pay Earn Type:** _____ **Amount:** $ _____ **PER MONTH**	Date:
3. **Finance Director (initials):** _____ **POSIT#:** _____ (Roberta Hilton)	Date:

Additional Distributions *(if needed)*

Start Date	End Date	Budget	Dist. % FTE	Position #	S-S Obj	Task	Option	Project
		Total FTE:						