FORM H

Authorization for HSU to Pay Grant Personnel

(This form with signatures will serve as your contract, unless you have signed a separate contract letter)

To be completed by EMPLOYEE (print legibly)

***Required Fields**

*Full Name of Person to be Employed: _____ Male _____ Female _____

Home Address: _____ City: _____ State: _____ Zip: _____

E-Mail Address:_____* Phone: (H): _____(W): _____ Extension: _____

*Social Security Number: _____ *Date of Birth: _____

Highest Educational Level: BA ____ BS____ MA____ MS _____ MA+30_____ MS+30 _____ ABD _____ Doctorate/MFA ____

Were you employed by HSU during the last academic year or any other year? Yes: _____ +No: _____
+If No, contact Human Resources at (870)-230-5108.

****If*** employed by **another state agency *or* public school**, in what retirement system do you participate?

ATRS _____ TIAA-CREF _____ APERS _____ Contributory? Yes _____ No _____

Currently employed by another state agency or public school**?** Yes_____ No_____

If ***Yes***, Name: _____

Mailing address: _____

Name of supervisor: _____

To be completed by PROGRAM DIRECTOR (print legibly)

GrantName:_____Position:_____

Purpose of Employment:_____

Proposed term of employment/Contract Length: From: _____ To: _____
Month/Day/Year **Month/Day/Year**

Dates to be paid from grant:_____

Proposed salary / stipend: $ _____

Grant Budget Account #: _____ Cost Share Budget Acct #:_____

Grant Amount:_____ Cost Share Amount:_____

9/12 Month Salary: _____ Summer I Term Salary: _____ Summer II Term Salary: _____

For all positions, the salary, of course, is subject to withholdings required by state and federal laws. This position is funded by external sources; therefore, renewal each year is contingent upon continued external funding for this position. The proposed salary/stipend for 9-month positions with the option of working 2 summer terms during the grant year is contingent upon your working four academic terms (Fall, Spring, Summer I, and Summer II) of the 12- month grant cycle.

1. _____
Program Director/Program Mentor Date

2. _____
Dean Date

3. _____
Grants Accounting Date

4._____
Provost/VP – Academic Affairs Date

5. _____
President Date

6. _____
Signature of Applicant Date

Revised: 05/29/2009