

**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. \_\_\_\_\_ Date 2. \_\_\_\_\_ Date 3. \_\_\_\_\_ Date  
Program Director/Program Mentor Dean Grants Accounting

4. \_\_\_\_\_ Date 5. \_\_\_\_\_ Date 6. \_\_\_\_\_ Date  
Provost/VP – Academic Affairs Human Resources Signature of Applicant