



# Hiring Document for Non-FTE/Non-Student Positions

Semi-Amt \$ \_\_\_\_\_  
 Override \$ \_\_\_\_\_  
 Total \$ \_\_\_\_\_

Type of Position: \_\_\_\_\_

**To Be Completed by Department**

USC ID:		Name: (Last, First, Middle)					
Class:	Slot:	Eff. Date:	Title:				
Salary:	Hourly Rate:	Part-time/Full-time: (P/F)		Basis:			
Dept. Name:		Dept. No.:		Campus Phone:		Ext.:	
EE Primary Email:			Job Location/Building:			Room No.:	
Supervisor Name:					Supervisor Class/Slot:		
Appointment Dates:			through	Expected Earnings for the Appointment:			
Check Dist.:		Timecard Dist.:			ADept. No.:		
Timecard:		Turnaround:	Voucher:		<b>Hours</b>	<b>Faculty</b>	<b>Staff/Faculty Exceptions</b>
If Dual Employment, Provide Primary Home Department or State agency:					Total Crdt. Hrs.		
Provide the Number of Hours Scheduled/Worked (Refer to <a href="#">Administrator ACA FAQ's</a> for employer fringe liability information):					Hrs. Per Wk.		
If Other Assignments Exist Within the University, Provide the Department Name:					Hrs. Per Appt.		
Provide the Number of Hours Scheduled/Worked (Refer to <a href="#">Administrator ACA FAQ's</a> for employer fringe liability information):							

**Accounting Information** **Payroll Use Only**

Dept.	Fund	Obj. Class	Analytical	FV	FSO	C	Percent or Amt.

Description of Job Duties (if teaching, list courses):  
 \_\_\_\_\_  
 \_\_\_\_\_

Permanent Mailing Address:  
 \_\_\_\_\_  
 Street or Box No.                      Apt. No.                      City                      State                      Zip

**To Be Completed by Division of Human Resources/Payroll**

Temp. Job Class:	SOC:	Title:	EE Type:	Campus Type:	Work County:
Primary/Secondary:	TTV:	FLSA:	Faculty/Staff:	OR: \$	(+ / -)
Withholding: FIT:	SIT:	FICA:	Retirement:	PORS:	
Insurance Eligible:	Stability Period:	Leave Accrual Date:	Comments:		

Signatures	Dates	Signatures	Dates
Dept./Campus:		Payroll:	
		ISFS:	
Salary Administration:		Contract/Grant:	