### Position Information

**Effective Date**
- A: 1/1/2015
- B: 4/1/2015 POS/HRS

**Action/Reason**
- POS
- HRS

**Position Status**
- Active

### Job Information

**Job Code**

**Dept Title**

### Work Location

**Department #**

**Std Hours**
- A: 7.75
- B: 1

**Reports To**

**Location**

### NW Position Data

**Position End Date**

**OR**

- Check here if Indefinite End to Position:

**Comment**

**Position Type**

**Posn Category**

**Sched Pay Periods**

**% Full Time**

**Tenure Track**
- Y / N

**Salary Admin Unit**

### Information

**Max Head Count**

**Budgeted Salary**

### NW Position Distribution (Current Funding)

<table>
<thead>
<tr>
<th>Perc</th>
<th>Fund</th>
<th>FN Dept</th>
<th>Project</th>
<th>Act</th>
<th>Prog</th>
<th>Chart Field</th>
<th>Account</th>
<th>Start Date</th>
<th>Stop Date</th>
</tr>
</thead>
<tbody>
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### Previous Funding

<table>
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<tr>
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<th>Fund</th>
<th>FN Dept</th>
<th>Project</th>
<th>Act</th>
<th>Prog</th>
<th>Chart Field</th>
<th>Account</th>
<th>Start Date</th>
<th>Stop Date</th>
</tr>
</thead>
</table>

### Authorization

**Authorization Name (Print)**

**Authorization Name (Signature)**

**Phone**

**Date**
Department of Human Resource
Northwestern University
720 University Place
Evanston Campus

NORTHWESTERN UNIVERSITY
Appointment Form

Form Print Date: Record Number:

Employee Name: Smith, John
Print last name first, first name, middle initial

University ID No: 1234567

Job Data

Last Action Effective Date: Action: Reason:

Work Location

HR. Status:

Effective Date: 1/1/2015 4/1/15

Action/Reason:

PAY SRT PAY SRT

Position Number: Expected LOA Return Date:

Department: Location: Primary Job:

Job Information

Job Code: Standard Hours: Suite or Room No:

Payroll Paygroup: MOF OTH

Compensation Compensation Rate:

A 1500 B

NW Job Data

Appointment End Date: OR Check here if Indefinite End to Appointment

A 3/31/16 OR B

B 8/31/15

Scheduled Pay Periods: Percent Full Time: Annual FTE Salary:

Contract Period: Appointment Indicator:

Annual Renewable: Exclude Merit Base Sal:

Acad Appt Type: Primary Role: Short Notice:

NW Reports To

Conflict of Interest Posn#: Performance Evaluation: Posn#:

Approver: Approver:

Training: Posn#: Time Card/Leave Accrual: Posn#:

Approver: Approver:

Authorization Name (Print) Authorization Name (Signature) Phone Date

*This needs to be printed on the prepopulated appointment/position forms*

*Brief description of nature of service*