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NORTHWESTERN UNIVERSITY Position Data Form

	Form Print Date:				
Univ Title: Posr	n #: Incumbent:				
Position Information Effective Date A 1/1/2015 Action/Reason: POS HRS	B 4/1/2015 POS/HRS Position Status: Active				
Job Information:					
Job Code: Dept Title:					
Work Location Department #: Std Hours: B	7.75 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:				
Perc Fund FN Dept Project Act *	Chart Field Account Date Date				
Previous Funding					
Perc Fund FN Dept Project Act	Chart Start Stop Prog Field Account Date Date				
Authorization Name(Print) Authorization Name(Print)	norization Name(Signature) Phone Date				

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

Department of Human Resource Northwestern University 720 University Place Evanston Campus

NORTHWESTERN UNIVERSITY Appointment Form

					Form Print Da	ate:		Record Number:	
Employee Name: Smith, John Print last name first, first name,				iddle initi	al				
University ID No:		123456	67						
Job Data		Last Action		Ef	fective Date:	A	ction:	Reason:	
Work Location		HR. Status:							
Effective Date:	Α	1/1/201	5	E	3 <u>4/</u>	<mark>1/15</mark>			
Action/Reason:		PAY Action	SRT Reason		PAY Action	SRT Reason	Ac	tion Reason	
Position Number:					Expected LO	A Return Date:			
Department:					Loc	cation:	Prir	mary Job:	
Job Information					A 7.75				
Job Code:		1	Standard I	Hours:		Suite or Ro	oom No:		
Payroll Paygroup:	A B	MOF OTH			NW Faculty Tenure Status				
Compensation	A	1500			Tenure Revie	w Date:	[
Compensation Rate:	: В	0			Expected Ter	ure Begin Date	e:		
NW Job Data Appointment End Da	ate:	A 3/31/10 B 8/31/1	_	\xrightarrow{B}		→→→→→ nere if Indefinite		$\rightarrow \rightarrow \rightarrow \rightarrow \rightarrow \rightarrow$ ppointment $\downarrow \rightarrow \downarrow$	<u>/</u>
Scheduled Pay Perio	ods:		Percent Fu	ull Tim	e:	Annual FTE S	Salary:		
Contract Period:			Appointme	ent Indi	icator:				
Annual Renewable:		N	Exclude M	lerit Ba	se Sal:				
Acad Appt Type:				Primar	ry Role:	S	hort Notice	:	
Check Addr Code: NW Reports To		Ex	pense Supe	rvisor	Posn#:	Appr	over:		
Conflict of Interest Posn#:				·	Performance E	valuation: P	osn#:		
	Appro	over:				Approve	er: [
Training: Posn#:			-	Time Card/Lea	ve Accrual: P	osn#: [
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Authorization Name (Print)				Auth	orization Nan	ne (Signature)	Phone	Date	

Brief description of nature of service