



# Unpaid Appointment Form

(Please send completed form to Unclassified Personnel Services for Courtesy, Associate, Emeritus, Retired and Post Doctoral Appointments.)

**Purpose**

New Appointment

Reappointment

Update

Termination

**Identification**

UO ID \_\_\_\_\_

Position \_\_\_\_\_ Suffix \_\_\_\_\_

**Name:**

Last \_\_\_\_\_

First \_\_\_\_\_

Middle \_\_\_\_\_

Preferred First Name \_\_\_\_\_

**Biographic**

Date of Birth (MM/DD/YY) \_\_\_\_\_

Gender: Male Female

Citizenship US Citizen US Resident Non-resident Alien

Country \_\_\_\_\_

**Employee Info**

Home Department Org \_\_\_\_\_

Dept Name \_\_\_\_\_

**Mailing Address**

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_

County \_\_\_\_\_ Nation \_\_\_\_\_

Effective Date \_\_\_\_\_ (If address is changing)

**Campus Address**

Rm No. Bldg \_\_\_\_\_

Zip plus 4 \_\_\_\_\_ (4 digits after zip code)

Campus Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ (Optional)

Effective Date \_\_\_\_\_ (If address is changing)

Email \_\_\_\_\_

**Appointment Information**

Effective Date \_\_\_\_\_

Title \_\_\_\_\_

End Date \_\_\_\_\_

Rank \_\_\_\_\_

**Remarks****Authorization**

	Print	Sign	Phone	Date
Prepared By				
Dept Head				
Dean/Dir				
Appt Authority				