

UNIVERSITY OF BALTIMORE
Agency Code 36 . 02 . 28
REQUEST TO HIRE CONTINGENT EMPLOYEE

PLEASE PRINT OR TYPE

Appointee: _____ SSN: _____

Classification: _____ Position Status: _____ New _____ Continuing

First employment of Appointee at UB: _____ Yes _____ No

Contract Effective Dates: From _____ To _____

Last work schedule: Days per week: _____ Hrs. per day _____ Hrs. per week _____

_____ On Campus _____ Off Campus Total Contract not to exceed: _____

Department: _____ Budget Number: _____

Supervisor: _____ Phone #: _____

Justification: Purpose and reason for requesting from outside source should be explained below:

Approvals:

Department Head Date

Division Head or Dean Date

Provost (Academic Affairs Appointments Only) Date

Grant Funded Positions: _____
Grants Officer Date

Budgetary: _____
Fund Fiscal Officer Date

For: _____
Department of Human Resources Date

Additionally new hires require: Contingent Employee Agreement, Application, Immigration Verification (I-9),
Drug Policy Acknowledged and Demographic Form.