

NOTICE OF APPOINTMENT
Administrative

COCC ID # _____ Date: _____

Name: _____ Phone: _____

Mailing Address: _____

Position Title: _____ Location: _____

Budget Area: _____ Duties: _____

Employment Dates: _____ Grant Funded Yes No

Budget Line Item #: _____ Amount in Budget: \$ _____

COMPENSATION INFORMATION

Annualized Salary (12 months): _____

Annualized Salary was determined from _____ Administrative Salary Schedule at Level: _____

Percent of FTE: _____ Other (Explain) _____

Number of full months to be worked: _____ Number of days to be worked in partial months: _____

Monthly Rate (Annualized salary divided by 12): _____

Hourly Rate (Annualized salary divided by 2,080): _____

Daily Rate (Hourly times 8): _____

Salary for Appointment Period: _____

<FTE % X (Monthly Rate X whole Months Worked Plus Days in Partial Months X Daily Rate)>

Benefits: No Yes (If Yes, explain) _____

PERS INFORMATION

Employee: Please check the appropriate statement(s) regarding member in the Oregon Public Employees Retirement System (PERS):

I am currently a PERS member.

I am NOT currently a PERS member.

I have been a PERS member in the past.

Approved by:

Budget Administrator:

Vice President

Employee

Office Use Only:

Beginning Date _____

First Pay Date _____

Mid Mo/End Mo _____

No. Times Pay _____

Workers' Comp Code: 8868

Account Number _____

Total Amount _____

Distribution: Signed original to Payroll;

Copy to Human Resources.