

APPOINTMENT MEMORANDUMSoutheast Missouri State University

Cape Girardeau, MO 63701

		Date				
Nama		Social Security Number				
Name(Last, First, Middle Initial)		Social Securi	ty Number			
Position Title						
Department						
Anticipated Appointment Period	to	Amount \$	per	month	hour	
This appointment is subject to University Potime to time, change, amend, add or deler participate in the University benefit program. by accepting this offer of temporary employerminate the employment at any time, with prior to the end of the Anticipated Appointment termination date. Staff appointment provisions are described in	te such po Temporaryment, the or without ent Period,	olicies and procedures. The ry employment is anticipated employee acknowledges to reason or for no reason. If the University is obligated of the University	is position is to d for the period hat both emplo termination of only to pay for	emporary and d shown above; h byee and employ this employmen work completed	oes not owever, yer may t occurs through	
This document contains University policies a	ınd procedı	ures and is available from yo	our department	supervisor.		
Special Provisions						
		Accepted and Signed:				
		University Official	:			
		,		Human Resourc	es	
For Office Use Only						
ACCOUNT INFORMATION						
Acct. No. %Sal. % Full Time		Wage Code:	Hourly	Full-time		
			Salary	Part-time	Į.	
		On-Call: _	Yes	No		
		Payroll Code: _	S. State	L. Local		