

Non-Student Hourly OPS Hire/Rehire Form

SECTION 1—EMPLOYEE INFORMATION

Name: _____ UF ID*: _____

Gatorlink*: _____ Email Address: _____

(*if known)

SECTION 2—JOB INFORMATION

1. Check job action and complete all fields:

<input type="checkbox"/> New Hire	or	<input type="checkbox"/> Rehire
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Effective Date: _____

Ending Date of Employment: _____

Department ID #:

[OPS Classification:](#)

Hourly Rate: \$

Weekly Hours:

Job Requisition #: _____ (if posted job)

Describe the job duties: _____

2. Funded by (choose one):

A. Department OPS Budget

B. Grant – Project #: _____

C. Foundation: _____

D. Other: _____

1st Level Supervisor: _____
Print Name Signature Date

2nd Level Supervisor: _____
 (Chair/Aso Dean) Print Name Signature Date

Associate Dean,
 Admin Services & Faculty Affairs: _____
Print Name Signature Date

FOR HR/FISCAL SERVICES USE ONLY

Grover# (if applicable)

Human Resources Signature

Date

Fiscal Services Signature

Date

HR Acct Code