|  |  |  |  |
| --- | --- | --- | --- |
| EMPLOYEE NAME |  | Personnel # |  |
| Department Name |  | Dept. phone |  |

**Volunteer Faculty Hire Form**

***Faculty Member: Please fill in and/or verify information and sign.***

**ACTIONS** From   *(MM/DD/YYYY)*

**DESCRIPTION OF ACTION**  🗷 Volunteer Hire

|  |  |  |  |
| --- | --- | --- | --- |
| **ACTION (IT0000)** | | | |
| Primary Position # |  | Academic Rank | **Adjunct** |

**PERSONAL DATA (IT0002)**

Last name  First name  Middle initial  *(no period)* Name at birth

SSN  Birth date  Gender Male Female

**HOME ADDRESS** **(IT0006)** *(no punctuation or dashes)*

Spouse’s name *(if applicable)*

1

2

City  State  Zip

Telephone  E-mail

**WORK ADDRESS (PRIMARY OFFICE OR EMPLOYING INSTITUTION) (IT0006)** *(no punctuation or dashes)*

1

2

3

City  State  Zip

Telephone  E-mail

* ***I do not wish to have my home address information published in the University directory.*** *(xdir)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CAMPUS** **ADDRESS** **(IT0006)** *(no punctuation or dashes)* | | | | |
| Building abbreviation | | Room number | | Campus **UNMC** |
| State **NE** | Zip 68198- | | Telephone | |

**UNPAID APPOINTMENTS (IT9001)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Start Date** | **End Date** | **Title** | **Organizational Unit Number** |
|  | **12-31-9999** | **Adjunct** |  |
|  |  |  |  |
|  |  |  |  |

**ADDITIONAL PERSONAL DATA (IT0077)**

Ethnicity (select one)  Hispanic/Latino  Not Hispanic/Latino

Race (select multiple)  American Indian/Alaskan Native  Asian  Black or African American

Native Hawaiian or Other Pacific Islander  White  Unknown

Veteran status Discharge Date:   Non Veteran  Special Disabled Veteran

Vietnam Era Veteran  Other Protected Veteran  Recently Separated Veteran

Armed Forces Service Medal Veteran  Disabled Veteran  Unknown

Military status  Not applicable  Active National Guard

|  |  |
| --- | --- |
| **DATE SPECIFICATIONS (IT0041)** | |
| First Working Day *required* |  |

**EDUCATION (IT0022)**

Date of graduation

Institution name *(Institute acronym preferred)*

Certificate/Degree  Is this the highest possible degree in your field? 🞏 Yes 🞏 No

**----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------***(additional education, if any)*

Date of graduation

Institution name *(Institute acronym preferred)*

Certificate/Degree  Is this the highest possible degree in your field? 🞏 Yes 🞏 No

**----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------***(additional education, if any)*

Date of graduation

Institution name *(Institute acronym preferred)*

Certificate/Degree  Is this the highest possible degree in your field? 🞏 Yes 🞏 No

|  |  |
| --- | --- |
| **QUALIFICATIONS (IT0022)** *(skills, licenses and certifications, if applicable)* | |
| License:  State **NE** Type:  License # Exp  State  Type:  License # Exp  State  Type:  License # Exp | National Certification:  Cert:  Year Cert:  Cert:  Year Cert:  Cert:  Year Cert: |

**ADDITIONAL COMMENTS OR EXCEPTIONS:**

|  |
| --- |
|  |

**FACULTY SIGNATURE**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPROVAL SIGNATURES:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date\_\_\_\_\_\_\_\_\_\_\_\_