|  |  |  |  |
| --- | --- | --- | --- |
| 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 # ExpState  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\_\_\_\_\_\_\_\_\_\_\_\_