## **MME Hiring Information Form**

New offer letter	New Hire pap	erwork  Personnel #:		
Name: (Last, First, MI)				
Email Address:		Phone:		
	Post-Doc, Student worker, etc.)	Sub Group: W	lage Type: FTE:	
If you're hiring a Postdo	c, include responsibilities:			
New Hire:	Rehire:	Funding Change:		
Supervisor:				
Start Date:		End Date:		
Salary - Monthly:		or Hourly:		
Number of hours worke	d - Monthly:	or Weekly:		
	ter #, WBS #, etc.)			
Additional Comments:				
Faculty Signature:		Date:		
Chair Signature (TA supp	oort only):	Date:		
For Office Use Only:	Check available of	funds within funding source	Does the funding source require US Citizen (DOD, NSRI, NASA)	
Initials:				
Grant funding will r	need to be processed through G	rants Manager; Janet Renoe for	verification/PAF processing.	

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