



iSchool **Contingent Category 1 (C1)** Appointment Form

EMPLOYEE INFORMATION <i>(cannot be a student enrolled in courses at UMD)</i>	
Name	
UID <i>(if available)</i>	
Email	

ASSIGNMENT INFORMATION – COMPLETED BY FACULTY/SUPERVISOR	
iSchool Supervisor Name	
Nature of Assignment	<input type="checkbox"/> Research (Project Name: _____) <input type="checkbox"/> Administrative (Unit Name: _____)
Approx. # of Hours/Week	
Requested Start Date ¹	
End Date	
Requested Hourly Rate ²	
Funding Source	
Duties	
Supervisor Signature ³	

¹ Employee cannot start working until they have been fully processed by iSchool HR. The HR office will notify supervisor and employee once the student may start working. Hours worked prior to this approval **will not** be paid.

²Hourly rates will depend on the nature of the position and final approval of rate will be with the iSchool HR Manager.

³If grant or contract funds, your signature certifies this hourly appointment is directly related to the project and is within the scope of the approved budget.

FUNDING – COMPLETED BY BUSINESS MANAGER (Name: _____)	
Account number	
Pay Periods	Start: _____ and End: _____

Submit completed form to your iSchool Business Manager at least two weeks prior to start date of appointment