

## GRANT EMPLOYEE HIRING FORM

*(Please Print)*

Employee Name: \_\_\_\_\_

Is the employee a student of BMC or HAV? \_\_\_ Yes \_\_\_ No

If Yes, \_\_\_ Graduate \_\_\_ Undergraduate

Employee Social Security Number: \_\_\_\_\_

Position Job Title: \_\_\_\_\_

Position FTE (Full Time Equivalent): \_\_\_\_\_ %

Position Start Date: \_\_\_/\_\_\_/\_\_\_ End Date \*: \_\_\_/\_\_\_/\_\_\_

Salary For Above Period: \$ \_\_\_\_\_ . \_\_\_

Budget #(16 digits): \_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ %

Budget #(16 digits): \_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ %

Budget #(16 digits): \_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ %

NOTE: \*Position End Date must be on or before the **budget period end date**. If position will continue to new grant year, a new form must be submitted for that budget period. A/P salaries are calculated on the first of the month to the end of the month basis.

Signature of Principal Investigator \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_

**PLEASE RETURN TO FACULTY GRANTS OFFICE, TAYLOR HALL**

Grants Office Approval Signature \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_

Revised September 2005