

BOWIE STATE UNIVERSITY
Office of Human Resources
REQUEST FOR NON-FACULTY CONTINGENT PERSONNEL

HR Use Only	
Category	_____
Title Code	_____
Range/Grade	_____

SECTION I IDENTIFYING INFORMATION	
CHECK ALL THAT APPLY:	
☐	NEW
☐	RENEWAL
☐	CONTINGENT I – 6 mos. or less (cannot be renewed beyond combined total of one year)
☐	CONTINGENT II – more than 6 mos.
☐	STUDENT
☐	GRANTS
_____ (Employee First Name) _____ (Last Name)	
SOCIAL SECURITY # _____	EMPLOYEE OFF. PH.# _____
REQUESTING (HIRING) DEPT: _____	
POSITION TITLE: _____	
DEPARTMENT ID/ACCOUNT CODE: _____	

Targeted Date of Hire: _____ **to** _____

Begin Date End Date

Recommended Salary Rate: \$ _____ \$ _____

Contract Max Rate Per Hour/Day

Standard Workweek: _____

Days per Week Hours per week

Please attach a job description using the Job Description Template.

SECTION II TO BE COMPLETED FOR CONTINGENT II HIRES ONLY:

Contact Person for interviews: _____ Tel. Ext.: _____

Advertising Requests: ☐ On Campus ☐ Off Campus (USM State & Local Referral Sources)

☐ Publications _____

☐ Other Sources _____

☐ Health Insurance Stipend, based on Appointee's selection, up to max \$ _____

SECTION III AUTHORIZED SIGNATURES: (2 DAYS PER SIGNATURE)

1. _____ Date _____	5. _____ Date _____
2. _____ Date _____	6. _____ Date _____
3. _____ Date _____	7. _____ Date _____
4. _____ Date _____	8. _____ Date _____

FORM MUST BE COMPLETE, INFORMATION CORRECT, AND FUNDS AVAILABLE BEFORE REQUEST WILL BE PROCESSED. EMPLOYMENT SHALL NOT BEGIN UNTIL THE EMPLOYEE HAS A SIGNED CONTRACT WHICH IS GENERATED WITHIN TWO DAYS AFTER ALL SIGNATURES ARE RECEIVED.

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Request for Non-Faculty Contingent Personnel

Instructions

This form should be used when requesting **New, Renewal, Contingent I / Contingent II, or Student** personnel.

The following instructions should be used when completing the form:

SECTION I Identifying Information

Completed
by
Supervisor



- Check the appropriate new hire position descriptor.
- Identify the new hire, SSN, hiring department ID, position title
- Insert the targeted hire date, salary rate and standard total number of hours each week.

SECTION II Contingent II only

Completed
by
Supervisor



- Identify the contact number and contact person/ designee for interviews.
- Identify advertising, (internal 5 days or external 10 days.)
- Indicate Health Stipend, (minimum of \$2500)

SECTION III Authorized Signatures

Day 1-15

Each
Signatory
will date
stamp the
Requisition
upon receipt
and forward
through
interoffice
mail within
2 days.

- All signatories are numbered in the order of operation/flow.
- Each receiving office will date stamp the requisition, ***authorize within 2 days***, and forward to the next office in a sealed envelope stamped confidential.
- If the process flow is interrupted, the holder of the requisition must contact the initiator (Signatory #1) for status and/or resolution.