

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