



CONTRACT REQUEST FOR NEW EMPLOYEE

EMPLOYEE INFORMATION:

DATE: _____
NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____
ZIP: _____
PHONE: _____
SOCIAL SECURITY: _____
DATE OF BIRTH: _____
SEX: _____
ETHNICITY: _____

CONTRACT INFORMATION:

POSITION TITLE: _____
DEPARTMENT: _____
CONTRACT TYPE: Faculty Administration Professional
FACULTY TYPE: Assistant Associate Professor
BEGIN DATE: _____ END DATE: _____
CAMPUS: Alamosa _____ Trinidad _____ Other _____
SALARY BASE: \$ _____
COST CENTER: _____ - _____ (%) _____ - _____ (%)
MONTH BASIS: 9 mos. _____ 12 mos. _____ FTE _____ %

Dean's Approval: _____
President's Approval: _____