

**Keene State College Complementary Salaried/Stipend Appointment Request (CSSA)
(Including Additional Appointment for Status Employees)**

Appointment/stipend requests not completed as required will be returned to supervisors and may delay payments

Information about Potential Employee			
Full legal name (first middle last):			
Social Security #:			
Does person have current status (benefits-eligible) Job within USNH? <input type="checkbox"/> yes → If yes, the status supervisor will need to approve of this appointment: <input type="checkbox"/> no			If yes, type of Job: <input type="checkbox"/> Faculty <input type="checkbox"/> PAT <input type="checkbox"/> Op Staff
Status Supervisor Signature _____			
Is I-9 Attached?	Or I-9 on File?	Is W-4 attached?	Or W-4 on file?
Information about the Position and Job Assignment			
Banner Position #		Banner Time Sheet Org Code (K_XXX)	
Banner Fund-Org-Acct Code		Percentage	
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Average # Hours per Week (if applicable)		Stipend/Salary Amount	\$
Appointment Begin Date:			
Appointment End Date (no later than June 30 th):			
Provide a brief description of the work to be performed:			
Information about the Hiring Department			
Hiring Department Name		Mail Stop	
Name of Supervisor (Person authorized to sign timesheets)		Last 4 Digits of Supervisor's ID	
Name of Financial Manager (Appears on WEBI Report as Org Manager)		Last 4 Digits of Financial Manager's ID	

Supervisor **Date**
Signature

Financial Manager **Date**
Signature

For HR/Payroll Use only