

**COLLEGE OF PUBLIC HEALTH**  
**OPS/Staff/Faculty Appointment Request Form**

Previous USF employment? Yes \_\_\_ No \_\_\_ GEMS ID \_\_\_\_\_ GEMS Record # \_\_\_ Dept. \_\_\_\_\_

Name: \_\_\_\_\_ **Circle One: Masters or PH.D.**  
 Address: \_\_\_\_\_

Work telephone: (\_\_\_\_) \_\_\_\_\_ Home Telephone: (\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**TYPE OF APPOINTMENT REQUEST: POSITION DESCRIPTION REQUIRED FOR ALL APPOINTMENTS**

\_\_\_ New Appointment      \_\_\_ Changes to FTE or Rate      \_\_\_ Changes to Funding Account (s)  
 \_\_\_ Extend Current Appointment      \_\_\_ Re-Appointment (previous COPH employment)      \_\_\_ Termination

**DATES OF APPOINTMENT:** Start Date: \_\_\_\_\_ (Note: 1<sup>st</sup> day of pay period)  
 End Date: \_\_\_\_\_

**EMPLOYEE CLASSIFICATION:**

\_\_\_ Faculty (Regular) – Rank/Title: \_\_\_\_\_ Tenure Earning: Yes \_\_\_ No \_\_\_  
 (If teaching, CV and Original Transcripts required for SACS approval) Tenure Earning FTE: \_\_\_\_\_  
 If teaching, list: Course Number & Title: \_\_\_\_\_  
 Course Number & Title: \_\_\_\_\_

\_\_\_ Faculty (OPS/Adjunct) – Rank/Title: \_\_\_\_\_  
 (If teaching, CV and Original Transcripts required for SACS approval)  
 If teaching, list: Course Number/s and title/s: \_\_\_\_\_

**ON-LINE Course: - Yes: \_\_\_ NO: \_\_\_**

\_\_\_ Staff – Job Title & Code: \_\_\_\_\_ Administrative – Job Title & Code: \_\_\_\_\_  
 \_\_\_ OPS (Regular - Hourly or Salaried) – Job Code: \_\_\_\_\_ Non-Recurring OPS (one-time lump sum payment)

**ENTRY SALARY LEVEL:**

Annual Salary \$ \_\_\_\_\_ Bi-Weekly Rate \$ \_\_\_\_\_ Semester Rate \$ \_\_\_\_\_ FTE \_\_\_\_\_  
 OR For Completion by COPH HR: Total Salary for  
 Hourly Rate \$ \_\_\_\_\_ Hrs/Wk \_\_\_\_\_ FTE \_\_\_\_\_ Appointment Period \$ \_\_\_\_\_  
 & FTE: \_\_\_\_\_

Supervisor's E-mail & GEMS ID %: \_\_\_\_\_ **Form Prepared By:** \_\_\_\_\_

**FUNDING ACCOUNT (S):**

Fund	Dept	Product	Initiative	Account	Project	GEMS Acct. Code	SRN#	%
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**REQUIRED ASSIGNED SPACE:**

Building: COPH \_\_\_ Chiles Ctr Building \_\_\_ IDRB \_\_\_ CBD \_\_\_ Office off Campus \_\_\_  
 CMS/USF Health \_\_\_ NEC \_\_\_ Room # \_\_\_ Phone# \_\_\_\_\_

Requested By: \_\_\_\_\_  
 Supervisor Name / PI (Print) Signature Date

Approved By \_\_\_\_\_  
 Department Chair if Department Funds (Print) Signature Date

Approved By \_\_\_\_\_  
 COPH Research (Print) Signature Date

Approved By \_\_\_\_\_  
 COPH Budget/Finance (Print) Signature Date

**- For completion by Faculty Affairs. SACS Approval is granted on a semester by semester, course by course basis for adjunct faculty.**

Does Faculty Meet SACS requirements? Yes \_\_\_ No \_\_\_ For Course Number/s & Title/s: \_\_\_\_\_

Approved by Marilyn Batchellor: \_\_\_\_\_ Notes: \_\_\_\_\_