
Appointment Request Form

Name:

Employee ID # (if applicable):

Email Address:

University of Iowa Student: Yes No

Registered as a student elsewhere: Yes No

Under 18 years of age: Yes No

Able to Complete I-9 in Person: Yes No

Start Date:

Pay Rate:

End Date:

% of Effort:
(Estimate of weekly work hours, ex. 10 hr/week = 25%)

MFK:

XXXX

Supervisor:

Job Duties:

Title of Position:

Type of Appointment:

(Example; Non-student Temp Professional, Post Doc, Research Intern, Bi-Weekly Student)

Will this person be:

Working with minors?	Yes	No
Working with animals?	Yes	No
Exposed to Bloodborne Pathogens?	Yes	No
Provided Health Insurance through department or grant?	Yes	No
Require E-verify?	Yes	No