

# UNION COLLEGE

## REQUEST FOR CONTRACT OR LETTER OF EMPLOYMENT

This form must be completed as an integral part of the hiring process at Union College. The purpose of this form is to formally petition Union College for a contract or letter of employment for a candidate that has been selected for employment. Please complete and return this form to the Coordinator for Personnel Services, Speed Hall, CPO 3, Extension 1206 .

Name: \_\_\_\_\_  
(Last) (First) (MI)

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Position Title: \_\_\_\_\_

Rate of Pay: \$ \_\_\_\_\_ per \_\_\_\_\_ hour \_\_\_\_\_ year

Begin Date: \_\_\_\_\_ Account # : \_\_\_\_\_

---

**Position Type: Check one line each in A., B., C., D., and E.**

- A. \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time  
B. \_\_\_\_\_ Hourly \_\_\_\_\_ Salary (Exempt \_\_\_ Non-Exempt \_\_\_)  
C. \_\_\_\_\_ Contract \_\_\_\_\_ Letter  
D. \_\_\_\_\_ Replacement \_\_\_\_\_ New  
E. \_\_\_\_\_ Regular \_\_\_\_\_ Temporary

For a **part-time employee** indicate the hours the employee will work per week \_\_\_\_\_ per year \_\_\_\_\_.  
For a **temporary employee** indicate the approximate period of time needed in months \_\_\_\_\_.

**For Contracts:** Faculty Rank (if applicable)  
\_\_\_\_\_

Tenure Status Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

**Workplace Contract Information:**

Office Location (Bldg. and Room No.) \_\_\_\_\_

Office Telephone No. \_\_\_\_\_ Campus Post Office Box No. \_\_\_\_\_

---

*(For Official Use Only)*

## CONTRACT/ LETTER OF EMPLOYMENT APPROVAL

\_\_\_\_\_  
**Department Supervisor** **Date** **Director of Human Resources** **Date**

\_\_\_\_\_  
**V.P. for Business & Financial Services** **Date** **Vice President/Dean** **Date**

\_\_\_\_\_  
**President** **Date**