Mansfield University Special Appointment Contract

Please read and return signed contract to initiating department

Employee Name: (as on SS Card)		Department Name/Cost Center:			
Last 4 digits of Social Security Number	XXX - XX - __ __ __ __	Program Activity Name:			
Home Address:		Form Initiated by: (Full name of initiator)			
Phone:		Start Date		End Date	
Email Address:					
Pay: Lump Sum Payment $		***OR***	**Hourly Rate $**	**Total # of Hours**	
Description of Job Duties:					

You must complete the following clearance and meet the Conditions of Employment as outlined on the second page of this document. Employment is contingent on the presentation and verification of all required documents (**see second page**). Return completed documents to: Mansfield University Payroll, 106 Alumni Hall, Mansfield, PA 16933.

Background Checks	***Date Completed***	***HR Signature***
1. Act 34 - State Criminal		
2. Act 151 - Child Abuse		
3. FBI Federal Fingerprint		
Provisional (if necessary)		

New Hire Paperwork *If never worked for MU before*	***Paperwork Required***	***Date Paperwork Sent***	***All Forms & ID turned in to Payroll***
	☐ Yes ☐ No		☐ Yes ☐ No ☐ Missing forms _____

HR Approval:		**Date:**	

Program Dates	*Program Times*	***Release Date *****	***Total Gross Pay *****	***Signature for Release of Pay *****	*Projected Pay Date (for use by payroll)*

**** These blocks are to be completed by the initiating department after the work is completed.**

I have reviewed the above information. I understand that if I fail to perform my duties satisfactorily and/or for the specified time frame(s), I will not be paid the projected amount(s) specified above. Mansfield University reserves the right to terminate this appointment because of a lack of participation, budgetary reasons, or for failure of employee to comply with conditions of employment (**see back page**).

Employee Signature:		**Date:**	

Have you ever been employed by Mansfield University or another Pennsylvania Institution? ☐ Yes ☐ No

Name of previous institution if applicable: _____ From: _____ To: _____

Did you retire from your previous institution? ☐ Yes ☐ No Retirement Plan? ☐ ARP ☐ SERS ☐ PSERS