

**BOWIE STATE UNIVERSITY**  
**Office of Human Resources**  
**REQUEST FOR NON-FACULTY CONTINGENT PERSONNEL**

HR Use Only	
Category	_____
Title Code	_____
Range/Grade	_____
	_____

SECTION I IDENTIFYING INFORMATION	
<b>CHECK ALL THAT APPLY:</b>	
<input type="checkbox"/>	NEW
<input type="checkbox"/>	RENEWAL
<input type="checkbox"/>	CONTINGENT I – 6 mos. or less (cannot be renewed beyond combined total of one year)
<input type="checkbox"/>	CONTINGENT II – more than 6 mos.
<input type="checkbox"/>	STUDENT
<input type="checkbox"/>	GRANTS
_____	
(Employee First Name)	(Last Name)
SOCIAL SECURITY # _____	EMPLOYEE OFF. PH.# _____
REQUESTING (HIRING) DEPT: _____	
POSITION TITLE: _____	
DEPARTMENT ID/ACCOUNT CODE: _____	

**Targeted Date of Hire:** \_\_\_\_\_ to \_\_\_\_\_  
Begin Date End Date

**Recommended Salary Rate:** \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Contract Max Rate Per \_\_\_\_\_ Hour/Day

**Standard Workweek:** \_\_\_\_\_  
Days per Week Hours per week

**Please attach a job description using the Job Description Template.**

SECTION II TO BE COMPLETED FOR CONTINGENT II HIRES ONLY:	
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Contact Person for interviews: \_\_\_\_\_ Tel. Ext.: \_\_\_\_\_

Advertising Requests:  On Campus  Off Campus (USM State & Local Referral Sources)  
 Publications \_\_\_\_\_  
 Other Sources \_\_\_\_\_

Health Insurance Stipend, based on Appointee's selection, up to max \$ \_\_\_\_\_

SECTION III AUTHORIZED SIGNATURES: (2 DAYS PER SIGNATURE)	
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1. Dept. Head/Chairperson & Dean	Date	5. University Budget Office	Date
2. Area Vice President	Date	6. Vice President of Administration and Finance	Date
3. Grants Accounting (if applicable)	Date	7. President	Date
4. Grants Compliance (if applicable)	Date	8. Human Resources	Date

**FORM MUST BE COMPLETE, INFORMATION CORRECT, AND FUNDS AVAILABLE BEFORE REQUEST WILL BE PROCESSED. EMPLOYMENT SHALL NOT BEGIN UNTIL THE EMPLOYEE HAS A SIGNED CONTRACT WHICH IS GENERATED WITHIN TWO DAYS AFTER ALL SIGNATURES ARE RECEIVED.**

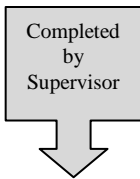
**BOWIE STATE UNIVERSITY**  
**Office of Human Resources**  
**Request for Non-Faculty Contingent Personnel**

**Instructions**

This form should be used when requesting **New, Renewal, Contingent I / Contingent II, or Student** personnel.

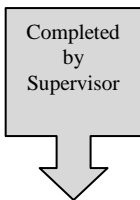
The following instructions should be used when completing the form:

**SECTION I Identifying Information**



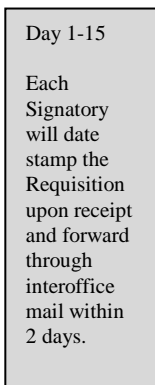
- Check the appropriate new hire position descriptor.
- Identify the new hire, SSN, hiring department ID, position title
- Insert the targeted hire date, salary rate and standard total number of hours each week.

**SECTION II Contingent II only**



- Identify the contact number and contact person/ designee for interviews.
- Identify advertising, (internal 5 days or external 10 days.)
- Indicate Health Stipend, ( minimum of \$2500)

**SECTION III Authorized Signatures**



- All signatories are numbered in the order of operation/flow.
- Each receiving office will date stamp the requisition, ***authorize within 2 days***, and forward to the next office in a sealed envelope stamped confidential.
- If the process flow is interrupted, the holder of the requisition must contact the initiator (Signatory #1) for status and/or resolution.