



Appointment Memo

Date: _____ Department/College Name: _____

Employee Name: _____

Is this employee already in the Omni System? Yes: No:

Who will enter this appointment in OMNI, ODL or Department? ODL: Department:

EMPLID: _____ Job Code/Title: _____

Supervisor EMPLID: _____ Appointment FTE: _____

Is employee a student? Yes: If yes, ODL portion of tuition hours to pay: _____ (e.g., 0, 4, 5, 9, etc.)

OPS: Salaried: Termination: One-Time Pay:

Is this appointment a mentor/TA for a course(s)? Yes: No:

Is this appointment split between accounts? Yes: No:

(Include all account numbers used, including department numbers or grant numbers for this appointment.)

DL AUX Account Number-fund: _____ Distribution: _____

DL AUX Account Number-fund: _____ Distribution: _____

Account Code for other budget used for this appointment funding: _____

Note: The distribution of all accounts used should equal 1. Ex: If appt. funding uses only one budget: DL AUX Account Number-fund 107003-320 Distribution 1

Is this appointment associated with a course(s)? Yes: No:

If No, explain exception:

Enter course AND section numbers to expedite approval:

Course ID: _____ Section(s): _____

Course ID: _____ Section(s): _____

Dual Comp? Yes: No: New appointment to FSU (or no appt. within last 6 mos.)? Yes: No:

Start Date: _____ End Date: _____

Total Pay: \$ _____ Biweekly Pay: \$ _____ Hourly Rate: \$ _____

Comments:

ODL - Project Manager: _____ Date: _____

Department Chair/Director: _____ Date: _____

Department Dean or Designee: _____ Date: _____

ODL - Director or Designee: _____ Date: _____

For ODL Budget Representative Only

Budget Available: Yes: No:

Signature: _____ Date: _____