K E A N U N I V E R S I T Y ACADEMIC SPECIALIST ACKNOWLEDGEMENT

PERSONAL DATA (*To be completed by the prospective employee*)

First Name:		Last Name:		
Address:	City:		State:	Zip:
Home Phone Number:		Alt. Phone Number:		
Social Security Number:		Kean ID # (<i>if applicable</i>)):	
Work Authorization (if applicable):		Expiration Da	ate:	
E-mail Address:				
Degree(s) Received: *A Bachelor's Degree is required. Please forward official tran				
Acknowledgements:				

I acknowledge:

- When I receive an offer from the hiring department, I am responsible to present myself to the Office of Human Resources for new hire onboarding.
- The Office of Human Resources will notify me in writing of an authorized start date subsequent to completion of onboarding. Prospective employees who have begun working before being authorized to do so, in writing by the Office of Human Resources, may be subject to rejection of the offer of employment and/or termination.
- Academic Specialist employment is on an intermittent basis or for fixed periods of a short duration as on a semester-to-semester basis and may not exceed 15 hours per week.
- I am prohibited from holding two positions/titles on campus simultaneously. If I accept any employment in any other capacity at Kean University, I am responsible for notifying my department and the Office of Human Resources and must resign from my previous position.
- I understand that if I become eligible for enrollment in a NJ State administered Retirement Plan, I will be enrolled as mandated by the State of NJ Division of Pensions & Benefits.
- Academic Specialists are at-will employees. Receipt of authorization to begin employment does not constitute a contract for continued employment.

Prospective Employee's Signature: _____ Date: _____

Hourly

Assignment

KEAN UNIVERSITY AUTHORIZATION TO HIRE FORM

<u>REQUEST FOR ACADEMIC SPECIALIST</u> (*To be completed by the department*)

New Hire

____Transfer/Status Chg.

Approved Hourly Rate: \$_____

Approved Start Date:_____

Approved End Date:_____

____Transfer/Rehire

____Rehire

APPROVALS (the department is responsible for obtaining the first four approvals.)

Anticipated End Date:

Requested Hourly Rate: \$_____

Anticipated Start Date: _____

1.			2.		
	Chair/C.C. Dir./Exec.Dir. Signature	Date		Dean (if applicable)	Date
	Print Name			Print name	
3.	Budget Director (Fin. Svcs.) Sign.	Date	4.	Division Vice President Signature	Date
	Print Name			Print Name	
5.	Director of H.R. Signature	Date	6.	Vice President for Admin. & Finance Sig	gnature* Date
	Print Name			Print Name	

The signature of the VP for Admin & Finance is required for any requested rate of more than \$17.00 per hour or any contractual agreement.