

EMPLOYEE NAME	Personnel #
Department Name	Dept. phone

## Volunteer Faculty Hire Form

**Faculty Member: Please fill in and/or verify information and sign.  
Attach a current c.v. and return.**

**ACTIONS** From \_\_\_\_\_ (MMDD/YYYY)

**DESCRIPTION OF ACTION**     Volunteer Hire

<b>ACTION (IT0000)</b>			
Primary Position #		Academic Rank	Adjunct

**PERSONAL DATA (IT0002)**

Last name                      First name                      Middle initial                      (no period) Name at birth

SSN                      Birth date                      Gender  Male     Female

Nationality

**HOME ADDRESS (IT0006) (no punctuation or dashes)**

Spouse's name (if applicable)

1

2

City                      State                      Zip

Telephone                      E-mail

**WORK ADDRESS (PRIMARY OFFICE) (IT0006) (no punctuation or dashes)**

1

2

City                      State                      Zip

Telephone                      E-mail

<b>CAMPUS ADDRESS (IT0006) (no punctuation or dashes)</b>		
Building abbreviation	Room number	Campus UNMC
State NE	Zip 68198-	Telephone

**UNPAID APPOINTMENTS (IT9001)**

Start Date	End Date	Title	Organizational Unit Number
	12-31-9999	Adjunct	

**ADDITIONAL PERSONAL DATA (IT0077)**

Ethnicity (select one)  Hispanic/Latino  Not Hispanic/Latino

Race (select multiple)  American Indian/Alaskan Native  Asian  Black or African American  
 Native Hawaiian or Other Pacific Islander  White  Unknown

Veteran status Discharge Date:  Non Veteran  Special Disabled Veteran  
 Vietnam Era Veteran  Other Protected Veteran  Recently Separated Veteran  
 Armed Forces Service Medal Veteran  Disabled Veteran  Unknown

Military status  Not applicable  Active National Guard

DATE SPECIFICATIONS (IT0041)	
First Working Day <i>required</i>	

EDUCATION (IT0022) (enter only doctorates or highest degree)	
Date of graduation	
Institution name (institute acronym preferred)	
Certificate/Degree	Is this the highest possible degree in your field? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<i>(additional doctorate, if any)</i>	
Date of graduation	
Institution name (institute acronym preferred)	
Certificate/Degree	Is this the highest possible degree in your field? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

QUALIFICATIONS (IT0022) (skills, licenses and certifications, if applicable)	
Medical License:	American Board Certification:
State NE License No.	Cert: Year Cert:
State License No.	Cert: Year Cert:
State License No.	Cert: Year Cert:

**ADDITIONAL COMMENTS OR EXCEPTIONS:**

---

**FACULTY SIGNATURE**

\_\_\_\_\_ date \_\_\_\_\_

**APPROVAL SIGNATURES:**

\_\_\_\_\_ date \_\_\_\_\_      \_\_\_\_\_ date \_\_\_\_\_  
 \_\_\_\_\_ date \_\_\_\_\_      \_\_\_\_\_ date \_\_\_\_\_

**Attachments: c.v.**