Teaching
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/ v (} Œ u š] } v
Rev. 0 /202

Employee Group: Faculty Rank:

Position Title:

Position Number: FTE:

Has this u ‰ o } Ç previously supervised at WSU:

u ‰ o } Ç this(s) Position Á] o o • u (if applicable)

/ (Ç } µ Z À u } Œ š Z v ô u ‰ o } Ç • š } • µ ‰ v Œ À] • (^ µ ‰ } o Œ • } š Z š

WSU ID	Name	Position Number		WSU ID	Name	Position Number

Division:

Department: Org #:

u ‰ o } Ç [• ^ µ ‰ Œ À] • } Œ ~ v u U v u Ç t ^ h / v ‰ } •] š] } v v µ u Œ • W

Campus Address (room number & building):

Campus } Æ E µ u Œ W Phone Number (format: xxx-xxx-xxxx):

/ • š Z] Á • } Œ } u ‰ o š ‰ Œ E v] u Œ] } Ç motely:

**If remotely and is outside the state of KS or while on an H1B in addition please fill out Z u } š t } Z Œ k µ • š form X

Regular Hours of Work (i.e. hours, days, exceptions):

For Human Resources Use Only:

FLSA Designation: SOC Code: HR / v] š:] o • Date:

Summary of Responsibilities:

Minimum Education Requirements:

Minimum Experience Requirements:

1.
2.
3. (add or remove numbers as needed)

Required Licenses, Certificat] & Registrations

Required Knowledge, Skills and Abilities:

1.
2.
3.
4.
5. (add or remove numbers as needed)

Preferred Education Requirements:

Preferred Experience Requirements:

1.
2.
3.
4.
5. (add or remove numbers as needed)