**HR Generalist Position Request Form**

**Please complete the information below. Should you have questions please contact me.**

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| **Date:**        |
| **Person submitting**:        |
| **Project number (s) /chartfield (account) to be paid from:**        |
| **Distribution percentage(s):**        |

|  |
| --- |
| **Name of Appointee:**        **Email Address:**        |
| **Is this person employed by another UF department?** [ ] Yes [ ] No |
| **UFID**:        |
| **Title:**        |
| **Employing Department/Unit**:        |
| **FTE:**        |
| **Rate of Pay:**        |
| **Number of work hours per week:**        |
| **Begin Date:**       **End Date:**        |
| **Name of Supervisor:**        |
| **Description of duties and responsibilities:**        |
| **Notes:**        |