**HR Generalist Position Request Form**

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

|  |
| --- |
| **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:** |