OAS 002
Revised by CSC 01/20/2004

OFFICE OF ADMINISTRATIVE SERVICES
TEMPORARY APPOINTMENT FORM
Computer Science Department

This form is to be used for all additions, deletions or changes on the biweekly payroll. Before being paid, you must complete this in full. Attach a copy of your picture ID and, if applicable, a copy of your passport, visa, I-20.

1. **Last Name** _____ **First Name** _____ **Middle Initial** _____

Student ID # _____

Permanent address:
Street _____
City _____ State_____ Zip _____
Phone # _____

Local address:
Street _____
City _____ State _____ Zip _____
Phone# _____

2. **Personal Data:** Month Day Year
Date of birth _____/_____/_____
Gender Male _____ Female _____
Marital status Single ____ Married ____

3. **Employment Information:**
Rate per hour _____ or Contract Amount _____ Appointment begin date _____/_____/_____

4. **Are you a student** Yes ____ No _____
If yes, number of credit hours currently taking: _____

5. **Have you ever been paid on the University Payroll?** Yes ____ No ____
Are you currently on the University Payroll? Yes ____ No ____
If yes, what department and approximate number of hours working there:
_____
_____

6. **Name of any NCSU employee to whom you are related and relationship:** _____

7. **Type of work you will be doing:** _____

8. **Handicaps:** Yes ____ No ____ If yes, what? _____

9. **Race:**
White, non-hispanic _____ Asian or Pacific Islander _____
African-American _____ Hispanic _____
American Indian or Alaskan _____ Other _____

10. **Non-resident alien information:**
I-9 Document: _____ I-9 Date: _____/_____/_____
Visa type: _____ Visa expiration date: ____/____/____
Country of residence: _____ US Entry Date: ____/_____/_____

ATTENTION: Permanent residents and naturalized U.S. citizens, enter your birth country: _____

10. **U.S. Veteran:** Yes ____ No ____

11. **Have you completed Selective Service Form?** Yes ____ No ____

_____ ____/____/____
Signature of the Supervisor Date