



Office of Human Resources Management  
**NON-EXEMPT** Appointment Recommendation

**SECTION ONE: Candidate Information**

<b>Make One Selection:</b>			
<input type="checkbox"/>	NEW EMPLOYEE	<input type="checkbox"/>	CURRENT EMPLOYEE
Title	First Name	M.I.	Last Name
Mailing Address		City	State Zip Code
Telephone Number	Email Address		Visa Status
Is this individual a UMES student?			Yes      No

**SECTION TWO: Non-Exempt Employee Information**

Position Title	Employing Department		
Does the candidate have or anticipate concurrent employment in another department or unit?			Yes      No
If yes, please provide the name of the department/unit			
Type of Contract	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	
Appointment Period	Start Date (MM/DD/YYYY)		
Special Conditions <i>(Please specify course information and or any special conditions to be included in the contract)</i>			

**SECTION THREE: Budget Information**

Salary Rate	FAS and/or Funding Source		
<b>Budget Office ONLY</b>	Approved	Not Approved	

**SECTION FOUR: Supporting Documentation** *(HUMAN RESOURNCSE USE ONLY)*

<input type="checkbox"/> Resume	<input type="checkbox"/> Application	<input type="checkbox"/> Reference Checks Completed	<input type="checkbox"/> Background Check Completed	<input type="checkbox"/> Official Transcripts
Employment Manager Signature: _____ All documents received				
Notes:				



UNIVERSITY OF MARYLAND  
EASTERN SHORE

OFFICE OF HUMAN RESOURCES MANAGEMENT  
Bird Hall Building – Suite 1109  
(410) 651-6400

**Non-Exempt Appointment Recommendation**

*\*Use this form to hire Full Time Non -Exempt Staff ONLY*

*By signing this document I hereby certify that the above information is correct:*

Department Chair / Director:	Date:
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**Approvals:**

<b>Employment Manager:</b>	<input type="checkbox"/> Resume <input type="checkbox"/> Application <input type="checkbox"/> Letters of Recommendation / References <input type="checkbox"/> Background Check Completed <input type="checkbox"/> Official Transcripts	Date:
<b>Director of Human Resources:</b>		Date:
<b>Grant Accountant / Title III / Sponsored Programs: (if applicable)</b>		Date:
<b>Budget Director: (Budget Reviewed &amp; Approved for Use.)</b>		Date:
<b>Dean:</b>		Date:
<b>Provost and VP for Academic Affairs: (if applicable)</b>		Date:
<b>VP of Enrollment Management and Student Experience (if applicable)</b>		Date:
<b>VP of Administration and Finance:</b>		Date:
<b>President:</b>		Date:

**Important Reminders:**

- Please ensure that every field is complete and accurate before uploading into Dropbox Sign.
- When uploading the document into Dropbox Sign remember to put the correct signature order and select “set signing order” under singer settings.
- Copy [facultycontracts@umes.edu](mailto:facultycontracts@umes.edu) to ensure that the completed form is received and the contract issued.