

COADJUTANT REAPPOINTMENT FORM

This form is to be completed at least 2 weeks PRIOR TO the start date of the appointment.

Employee Name:**E-mail address:****Reappointment
Start Date:****Reappointment
End Date:****Approximate #
of hours per
week:****Total Salary for this
appointment (not
including fringe):****Name of Project in which this person will be paid:****Project Number:****Which Center/Program will this person be working for?****Who will supervise this person?****Is this person currently employed by Rutgers?**

yes

no

Please provide a brief description of the work to be performed:**If this person needs an account set up on the network or access to any shared folders, please contact help@ejb.rutgers.edu for assistance with the IT needs for this new hire.****Signature of Hiring Authority** - by signing this form, I understand that I am responsible for ensuring that both the Business Services Office and the Information Technology Services Group are notified when this employee leaves or no longer needs access to any special shared folders.