



## Temporary Appointment/Consultant Contact Form

Please complete the following form for each person working in a temporary position. (Ex. Performance Assessment Evaluator, Summer Camp Staff, Odyssey of the Mind Staff, Consultants) This will help to determine if the individual will be paid through payroll or accounts payable and provide necessary contact information to Human Resources and the Business Office.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Current Member of NYS Retirement System? If yes, please indicate which one.

Retired Member of NYS Retirement System? If yes, please indicate which one.

Director: \_\_\_\_\_

Please attach this form to the appointment form, and return to HR.