

SOUTHEASTERN UNIVERSITY

Request for New Employee

Department Name: _____ Dept. # _____

Title: (Attach job description): _____

Anticipated Start Date: _____

Salary: _____ (Circle One) Annual Hourly Monthly

Circle all that apply: Full-time Part-time Permanent Temporary

If hourly, indicate number of hours per week employee will be working: _____ hrs/
week

If Part-time or Temporary, indicate number of weeks per year employee will be working: _____/yr.

Justification: _____

Technology Request: (Circle all that apply and/or write in additional equipment not listed. Also, estimate the cost of each item.)

Computer Laptop Cell Phone Desk Phone

\$ _____ \$ _____ \$ _____ \$ _____

Membership Travel Hospitality Moving Expenses

Other

\$ _____ \$ _____ \$ _____ \$ _____ \$ _____

Office Equipment Request: (Circle all that apply and/or write in additional equipment not listed. Also, estimate the cost of each item.)

Desk Chair Credenza File Drawer(s) Bookcase