

Truman State University  
Contract Initiation Form  
(for payment of \$1,000 or over)  
(May 12, 2003)

Date \_\_\_\_\_

Division/Department \_\_\_\_\_ FUND \_\_\_\_\_ ORGN \_\_\_\_\_ ACCT \_\_\_\_\_ PROG \_\_\_\_\_

Faculty/Staff Name \_\_\_\_\_

Title \_\_\_\_\_

Banner ID # or Social Security # \_\_\_\_\_ Position Number \_\_\_\_\_

Type of contract: Teaching \_\_\_\_\_ Non-Teaching \_\_\_\_\_

Position Title \_\_\_\_\_

Contract Period: Beginning \_\_\_\_\_ Ending \_\_\_\_\_

Salary \_\_\_\_\_

Salary Payment Schedule:

Description of Duties: (Please attach additional documentation)

Division Head/Department Head \_\_\_\_\_  
signature date

Appropriate President's Staff \_\_\_\_\_  
signature date

Budget Director	<input type="checkbox"/> Budgeted
<i>Initial</i> _____	<input type="checkbox"/> Not Budgeted

Original to President's Office