

SAMPLE COMPLETED FORM - **Codes must be used as required**

HOUSESTAFF APPOINTMENT INFORMATION

This form must be completed for the following actions: **NEW, TERMINATIONS, CHANGE IN DEPARTMENT, OCCUPATION CODE, & VISA CHANGES.** Housestaff appointments **cannot be completed** by the Personnel Office without this important information. Please have the appropriate department personnel complete the entire form before submitting housestaff appointments for processing: (#'s 8, 9, 10, 11, 14, 19, 20, 21, and 22 require defined codes. See coding manual) Appointments requiring coding sheet will be returned to department if coding sheet is not attached.

1. Social Security Number		<u>111-222-3333</u>
2. Name (Last, First, Initial)		<u>Doe, John D.</u>
3. Sex		<u>Male</u>
4. Birth date (month, day, year)		<u>01/01/55</u>
5. Race		<u>W</u>
6. Current Employment beginning date (month, day, year)		<u>07/01/93</u>
7. Employment date with the College of Medicine		<u>07/01/93</u>
8. Occupation Code		<u>7185H</u>
9. Department and Division to which assigned		<u>400 06</u>
10. USA Citizenship (use appropriate code please) OR		<u>101</u>
11. Foreign Citizenship (Code for Visa Type, also write in Issue and Expiration Date)	OR	<u>501/J-1 07/01/93 - 12/31/93</u>
12. PMD year		<u>1</u>
13. PMD Effective Date		<u>07/01/93</u>
14. School of graduation		<u>1101535</u>
15. Date of graduation (month, date, year)		<u>05/31/93</u>
16. Insurance Effective Date		<u>07/01/93</u>
17. Insurance Coverage (F=family or S=single)		<u>F</u>
18. BME registration date (employment date) or Florida License # issue and expiration dates.		<u>07/01/93</u>
19. Training program <u>and</u> (anticipated or absolute) completion date		<u>2470 06/30/69</u>
20. Sub-specialty (if applicable) Please list correctly if in an approved Sub-specialty for Fellows.		<u></u>
21. Employee Status Code		<u>01</u>
22. Type of degree received		<u>130</u>
23. Title of new Housestaff person		<u>RD</u>
24. Address (Local address if new appointment. Forwarding address if terminating appointment.)		<u>Apartment #C10</u> <u>1301 SW 75th Street</u> <u>Gainesville, FL 32602</u>

NOTE: If not a New Appointment, fill in the SS#, Name, and the appropriate changes only - DO NOT COMPLETE THE ENTIRE FORM.