

Please check appropriate changes:
 Update Funding
 Increase/Decrease BiWkly Hrs
 Update Begin/End Dates

OPS Employment Request

Florida Museum of Natural History

Please check appointment type:
 Student OPS
 Regular OPS
 Federal Work Study

Name: _____ Date: _____

Begin Date: _____ End Date: _____ Rate of Pay: _____ check if rate is changing

Bi-Weekly Hrs: _____ Dept./Project/Foundation #: _____ Sub-Account: _____

Supervisor: _____ Supervisor Signature: _____

Title to appear on FLMNH Webpage: _____

Building: Dickinson Powell McGuire

Brief Job description: _____

Administrator Use Only Rcd# _____ ACS Acct BAL: _____ Entered (ACS): _____ PS Dist: _____ By: _____

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