ub OFFICE OF HUMAN RESOURCES

Request to Renew Multiple MEMO Pay Contingent I Employees

Instructions:

- Use this form to renew two or more Contingent I contracts for positions paid by **Memo Pay** only. When submitting this form to HR, include a completed contract for each person listed in the box. HR cannot process this form with missing contracts.
- Do not use this form to renew hourly contracts.
- Use this form only when rehiring multiple people in a one-to-many position. Do not use this form to rehire multiple positions.
- Obtain all appropriate signatures and submit only the original to HR. Please retain a copy for your files.
- Be sure to include the correct funding information.

DEPARTMENT NAME _____ **SUPERVISOR** _____ **POSITION #** _____

BUDGET CODE: Dept (7 digits): Acct (6): Fund (4): Program (3): Grant (7):

APPROVAL SIGNATURES **DATE SIGNED**

Department Head (or designee) _____ _____

Provost (for Academic Appointments) _____ _____

Grants Administrator (if grant funded) _____ _____

AVP of Human Resources (or designee) _____ _____

Name (First, Last Name)	Employee ID #	Contract Begin Date	Contract End Date	Total Contract Amount