OPS Employment Request
Florida Museum of Natural History

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

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: ______

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