



Temporary (Classified) Employment

Name of Employee: _____ Job Title: _____

Employee ID Number: _____ Position #: _____ Job classification: _____

Department _____ Effective Date: _____ Employment End Date: _____

Hourly Rate of Pay: \$ _____ Estimated Salary: _____

Will position work <20 hrs per week: _____ or >20 hrs per week _____ or Variable: _____

Index Code: _____ Amount or Percentage: _____

Index Code: _____ Amount or Percentage: _____

Describe Reason:

Temporary employees are not eligible for:

- Position reclassification
- Holiday
- Tuition at staff fee rates
- Layoff Rights
- Vacation

However, they may be eligible for retirement contributions and health care if a minimum number of hours are met. Please budget accordingly.

Time Sheet Approver Name (PRINT)

Time Sheet Approver 910 number

Supervisor Signature

Date

Vice President Signature

Date

Budget Signature

Date

Human Resources Signature

Date

Process Workflow:

1. Supervisor (Completes Form)
2. Vice President/President
3. Budget
4. Human Resources (In this Order)