## **TEMPORARY NON-STUDENT EMPLOYMENT REQUEST FORM**

Requested temporary employee's name			
Please check one:  □ Short-Term TEMP up to 27.0 hours per week, up to four months with regular schedule – e.g. for relief of excess work or special project. Employment will terminate at the end of four months.  □ Intermittent TEMP – no more than 19.0 hours per week, called in as needed only, not continuous work every week e.g. Fill in for regular employee on vacation; bus drivers; clinical instructors.  □ Limited Term TEMP – Requires administration's approval prior to job offer. Any number of hours per week for specific time period. All benefits per category (PT or FT) will be applied. Employment is terminated at end of time period and all benefits end on that date.			
Start date	End date	Length of assignn	nent
Work hours	Rate of Pay \$	Account to charg	ge
Reason for need:			
Department Name			
Hiring Manager Signature	<u>,                                    </u>	VP Signature	
**************************************			
NOTE: I understand the fo	ollowing:		
<ul> <li>As a temporary employee I am not entitled to benefits with the exception of a Limited-Term TEMP.</li> <li>While working at an assigned department, I will relay any problems, concerns, and/or complaints I have to Human Resources.</li> <li>As a temporary employee I understand I must complete all necessary employment paperwork and present employment eligibility documents prior to the first day of work.</li> </ul>			
I agree that, if accepted for temporary employment, I will abide by all policies of Southern Adventist University.			
<b>Please return this form to Human Resources.</b> All Temporary employees must be approved by Human Resources Committee prior to the first day of work.			
Signature		Date	
HR USE: Approved	Denied	Entered into computer	ID#