

Interim Administrator (MPP) Appointment Request Form

Instructions: Send this completed Interim MPP Appointment Request Form with the required documents (listed below) to C&C.

1. MPP Position Description
2. Candidate Documents (For new requests only)

For External Candidate:	For Internal Candidate:
<ul style="list-style-type: none"> Application for Employment Resume 	<ul style="list-style-type: none"> Resume

3. Initiate an electronic PTF through [OnBase](#)

Request Information

Appointment Request:

Initial Request Extension Request (if extending, indicate original interim appointment date: _____)

Department Information *Note: Beginning date is contingent upon successful completion of a background check.

Supervisor: _____ Email: _____ Phone #: _____

Department/Location: _____ Campus Zip: _____

Administrator Level: Administrator I Administrator II Administrator III Administrator IV

Working Title: _____

Proposed Start Date: _____ Proposed End Date: _____

Based on the federal regulations under the Affordable Care Act (ACA), individuals who meet the new criteria for benefits eligibility will be offered the opportunity to enroll in medical coverage for self and eligible dependents. Medical coverage can be waived, and the employee can opt for FlexCash in lieu of medical coverage.

NOTE: Any time based change during the duration of the appointment that is below or above .75, an updated PTF must be submitted to the Office of Human Resources.

Please indicate if this employee will work an average of 130 hours (0.75 time base) per month or more during the duration of the appointment: Yes No

Time base: .01 (ex: Events) .50 Average (Avg 20 hrs) .75 (Avg. 30 hrs) 1.0 (Full-Time)

Reason for Request (provide information below):

Is this request a result of a vacant position? Yes If yes, what is the anticipated recruitment date? _____ No

If no, please explain below:

Interim Administrator (MPP) Appointment Request Form

Employee Information

Employee First & Last Name: _____

Employee's Date of Birth (mm/dd/yyyy): _____

Previous Sacramento State Employee? Yes No Current Sacramento State Employee? Yes* No

*If appointment of current employee into the interim MPP position will cause vacancy in existing position, how will you backfill the position?

Retired Annuitant Information

Sacramento State Retiree? Yes No If yes, Retirement Date: _____

CalPERS Retiree? Yes No If yes, Retirement Date: _____

Agency Name: _____

SALARY JUSTIFICATION

NOTE: The proposed/requested Salary Ranges are not final. Please do not communicate any salary information to the candidate prior to HR approval.

Proposed/Requested Salary Range: _____ -- _____

Please provide salary justification below based on the candidate's knowledge, skills and abilities:

APPROVALS

NOTE: *Signatures indicate budget approval for Proposed/Requested Salary Range.

Department Chair/HEERA Manager: _____ Date: _____

*Appropriate Administrator/Dean/AVP: _____ Date: _____

*Vice President/Provost (or Designee): _____ Date: _____

HUMAN RESOURCES – EMPLOYMENT SERVICES

HR Analyst Signature: _____ Date: _____

AVP/Designee Signature: _____ Date: _____

HUMAN RESOURCES – CLASSIFICATION & COMPENSATION

Proposed Salary Offer: Approved Denied Comments: _____

HR Analyst Signature: _____ Date: _____