

## **TEMPORARY EMPLOYMENT REQUEST FORM**

## Submit the following to Human Resources, Classification & Compensation:

- Completed Temporary Employment Request Form
- Organizational Charts (must include names, classifications/skill-levels, and show reporting relationships)

   Current & Proposed
- Proposed position description
- Background check form

| Scan and send the request by e-mail to | classandcomprequests@csus.edu      | . If you do not have scanning | capability, mail the |
|----------------------------------------|------------------------------------|-------------------------------|----------------------|
| request to Campus Zip 6032, A          | TTN: Classification & Compensation |                               |                      |

**Appointment Type:** 

**1. REQUEST JUSTIFICATION** 

| Requested By (Name of Manager/MPP):                     |                                                                      |                 |
|---------------------------------------------------------|----------------------------------------------------------------------|-----------------|
| Title and Administrator Level:                          |                                                                      |                 |
| Prepared By:                                            |                                                                      |                 |
| <b>Request type</b> (check one): Initial Reque          | st Request for extension If extension, list date of initial request: |                 |
| Describe the organizational need for this reque         | st:                                                                  |                 |
|                                                         |                                                                      |                 |
|                                                         |                                                                      |                 |
|                                                         |                                                                      |                 |
|                                                         |                                                                      |                 |
|                                                         | No                                                                   |                 |
| If yes, anticipated r                                   | ecruitment date:                                                     |                 |
| If no, please explain why:                              |                                                                      |                 |
|                                                         |                                                                      |                 |
|                                                         |                                                                      |                 |
| REQUEST DETAILS                                         |                                                                      |                 |
|                                                         |                                                                      |                 |
| Department/Location:                                    |                                                                      |                 |
| Appropriate Administrator:                              | Ext:                                                                 | 8 -             |
| Job Classification*:                                    |                                                                      |                 |
| *Job Classification will ultimately be determined by HR | , Classification & Compensation, based on the position desci         | ription provide |
| Requested Start Date:                                   | Expected End Date:                                                   |                 |



Vice President/Provost Authorization (REQUIRED)

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.

| POSITION TIMEBASE                                                                                   |                        |  |  |  |
|-----------------------------------------------------------------------------------------------------|------------------------|--|--|--|
| Will the position work an average of 130 hours (0.75 timebase) per month or more durin appointment? | ng the duration of the |  |  |  |
| Employee Timebase: .01 (ex: Events) .5 (Avg. 20 Hrs)                                                |                        |  |  |  |
| .75 (Avg. 30 Hrs) 1.0 (Full-Time)                                                                   |                        |  |  |  |
| <u>NOTE:</u> Any change in timebase during the duration of the appointment require                  | s an updated PTF.      |  |  |  |
| . CANDIDATE/EMPLOYEE INFORMATION                                                                    |                        |  |  |  |
| Name of selected candidate:                                                                         |                        |  |  |  |
| Previous CSUS Employee? 🗌 Yes 🗌 No                                                                  |                        |  |  |  |
| Currently Enrolled as a CSUS Student? Yes No                                                        |                        |  |  |  |
| If yes, is the candidate currently working in a student assistant position?                         |                        |  |  |  |
| RETIRED ANNUITANT INFORMATION                                                                       |                        |  |  |  |
| Sacramento State Retiree? No Yes If yes, Retirement Date:                                           |                        |  |  |  |
| CalPERS Retiree? No Yes If yes, Retirement Date:                                                    |                        |  |  |  |
| Agency Name:                                                                                        |                        |  |  |  |
| . SALARY INFORMATION                                                                                |                        |  |  |  |
| Proposed salary:                                                                                    |                        |  |  |  |
| Salary Justification:                                                                               |                        |  |  |  |
|                                                                                                     |                        |  |  |  |
|                                                                                                     |                        |  |  |  |
|                                                                                                     |                        |  |  |  |
|                                                                                                     |                        |  |  |  |
|                                                                                                     |                        |  |  |  |
| I. ADMINISTRATOR REVIEW & AUTHORIZATION (For HEERA Designated Managers O                            | NLY)                   |  |  |  |
|                                                                                                     |                        |  |  |  |
| Manager Authorization                                                                               | Date                   |  |  |  |
| Dean/Director/AVP Authorization                                                                     | Date                   |  |  |  |

Date



## FOR HUMAN RESOURCES USE ONLY

Approved as (appointment type):

C&C Approval Signature

ES Approval Signature

Date

Date