Bates

Temporary Position Authorization Form

The Temporary Position Authorization Form for individuals who will be employed directly by the College on a temporary basis. It is important to note that while temporary employees do not earn benefits and leaves, any temporary employee who works more than 1,000 hours in an employment year, must be given pension benefits in accordance with IRS regulations.

	Last Name:	First Name:	MI:
New Hire Information			
	Term of Temporary Assignment	Rate of Pay:	
	From: To:	per hour month other:	
	Length of Assignment		
orn	less than 270 days (9 months or less)	Title:	
Inf	greater than 270 days (more than 9 months) If the term of this position exceeds 9 months, approval		
<u>i.</u>	is required by all members of the senior staff and will be		
New H	obtained by the functional VP/Dean of the area.	Currentices Constraints ID:	
	Department:	Supervisor Supervisor ID: Web Time Entry Supervisor (if different):	
		web Time Entry Supervisor (in differency.	
	Home/personal e-mail of the new hire:	Telephone number of the new hire:	
Payroll & Accounting Information	This position is:	This position is paid at:	
	(40 hours per week)	An hourly rate (non-exempt)	
	(30-39 hours per week) (20-29 hours per week)	☐ A monthly rate (exempt)☐ Special payment arrangements (please indicate what	
	Part-time (19 or fewer hours per week)	those arrangements are):	
		() "	
	Total Amount of Funds to be Expended:	Fund/Org/Account # that this position should be	charged
ayro	Number of payments:	to:	
ď	Number of payments.		
2	Campus Address:	Campus Phone:	
Campus Info			
Ca			
	Building Access should begin on:	Library Access should begin on:	
Dates of Access			
	Athletics Access should begin on:	Note: Please contact the help desk with a list of necessary	computer
	Attrictics Access should begin on.	software application, (including e-mail) and hardware neede	d for this
		employee. Access will be granted once the employee has re Confidential Info Form to HR.	eturned the
	Disease provide a justification outlining the ener	ational need to fill this position and any additional	info to
Position Justificati	communicate to approvers or HR:	ational need to fill this position and any additional	IIIIO to
<u>_</u> _			
Po		Decella Decell	
	Director/Department Head Signature Date:	Dean/ VP Approval (REQUIRED)	
	Director/Department Head Signature Date:		
	Director/Department Head Signature Date: AVP of HR Signature: Date:):
Approvals Po):
			h a
):

As required by Federal Law, this employee must report to the Human Resources Office, 215 College St., on or before their first day of employment to provide proof of authorization to work in the United States.