QUARTERLY REQUEST FOR EXTRA LABOR
OFFICE OF HUMAN RESOURCES

Date:_____

This request is for quarter: (select only one quarter per request):

_____ **July-Sept.** _____ **Oct.-Dec.** _____ **Jan.-Mar.** _____ **Apr.-June**

Please assign_____ **T#:**_____
(Name)

to _____ _____ _____
(Department) **(Org Number)** **(Position Number)**

in the position of _____ **at a hourly rate of $**_____ **for** _____ **hours.**
(Job Classification)

This person reports directly to _____**. First Work Date:**_____
(Supervisor)

IS THIS PERSON BEING HIRED WITH THE INTENT OF WORKING 80 HOURS OR MORE PER MONTH FOR *THREE (3) CONSECUTIVE MONTHS*? *IF YES, THE STATE REQUIRES PARTICIPATION IN A RETIREMENT PLAN. PLEASE MAKE ALLOWANCES IN YOUR BUDGET.* _____ **YES** _____ **NO**

*****DEPARTMENTS ARE RESPONSIBLE FOR STAYING WITHIN EXTRA LABOR BUDGET AND FOR ANY OVERAGES THAT MAY OCCUR.*****

_____ _____
Signature of Department Head **Dean's Signature (if required by Dean)**

- **Individuals must complete an application prior to being hired for employment and must meet state job requirements.**
- **Request form is due in the Human Resources Office two weeks prior to quarter worked.**
- **Extra Labor employees are eligible to work a limit of 1500 hours in a fiscal year.**
- **Any exception to the payment of the rate of pay must be requested and approved in writing by the Vice President for Finance and Administration prior to the first work day of employment.**
- **Pay periods should be requested for one quarter at a time: Jan-Mar.; Apr.-June; July-Sept.; or Oct.-Dec.**

Special Approval:_____ _____
Human Resources **Date**

HR APPROVAL:_____ **PAYROLL APPROVAL:**_____

THIS SECTION MUST BE COMPLETED IF THE EXTRA LABOR EMPLOYEE IS NO LONGER EMPLOYED IN YOUR DEPARTMENT.

TERMINIATION OF ASSIGNMENT (ATTACH FINAL TIME SHEET)

Please terminate this assignment effective ***(last date of work)***_____

Termination of employment: Reason-_____; or End of Assignment-_____

Supervisor's Signature:_____