

**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/Title)

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

WILL THIS EXTRA LABOR EMPLOYEE NEED BUILDING ACCESS AFTERHOURS? _____ YES _____ NO
IF YES, TO WHICH ACADEMIC BUILDING? _____

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.
- A background check must be conducted prior to individual being hired.
- Extra Labor employees can work no more than twenty-eight (28) hours per week without prior approval.
- 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: _____

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

TERMINATION OF ASSIGNMENT (ATTACH FINAL TIME SHEET)

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

Reason for termination: _____

Supervisor's Signature: _____