

PART II: To Be Completed by Supervisor:

This authorization for Part-Time Temporary Employment is for the work period of (check one only):

___ July 1 – December 31, 20 ___ ___ January 1 to June 30, 20 ___

Check One: ___ Initial Authorization ___ Renewal - provide prior hourly rate: \$ ___

Print Applicant’s First Name: _____ Print Applicant’s Last Name: _____

Position/Title: _____ (See Wage Guide: <http://www.pccc.edu/faculty/human-resources/forms>)

- a. Vacancies being filled with the title Administrator and being compensated at \$20 or more per hour must be posted on the PCCC website for a period of 10 days and all qualified applicants must be considered.
- b. All new hires must meet the minimum requirements of the position to which they are being appointed as specified in the Wage Guide.

Provide a brief description of the appointee’s primary responsibilities _____

Department Name: _____ Budget #: _____

Anticipated Start Date: _____ Anticipated End Date: _____

Hours Worked Per Week: _____ Hourly Rate of Pay: \$ _____

Total Expenditure for Appointment Period (# Hours Worked Per Day X # of Days Per Week X Hourly Rate of Pay X # of weeks in appointment period) = \$ _____

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Requested By:

SUPERVISOR: _____ Date: _____
 PRINT SIGN

DIVISION VICE PRESIDENT/DESIGNEE: _____ Date: _____

Approved By:

BUDGET/GRANTS ACCT MANAGER: _____ Date: _____

DIRECTOR OF HUMAN RESOURCES: _____ Date: _____

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HR Use Only: W-4: ___ I-9: ___ PCCC Application: ___ Background Check: ___ Direct Deposit ___