



Part-time Employment Form

*****Remember to have the Supervisor and Vice President approve the request prior to submission to the Human Resources Office.*****

Employee Name: _____ Date: _____

Supervisor Name: _____ Department: _____

Employment Category: Emergency Hire New Position
 Replacement (Employee name): _____

M&O Account#: _____ Grant Account #: _____

Starting Date: _____ Ending Date (if **Emergency Hire only**): _____

Total numbers of hours per year allocated to this position: _____

Attach a detailed job description and identify the KSAs (Knowledge, Skills and Abilities) required for the job.

Part-time employees are limited to 1,500 hours of work each 12 month period from their original hire date.

To be Completed by the HR Office

Role Title: _____

Working Title: _____

Position Number: _____ Role Code: _____ Rate per hour: _____

Supervisor

Date

Appropriate Vice President

Date

Business Manager

Date

Human Resources Manager

Date

Vice President for Finance & Administration

Date