

Temporary Appointments

Use only to hire new Temporary Staff employees or to hire existing temporary staff employees into a new temporary role.

Requester: _____ **Department:** _____
 (please print)

Important Instructions and Reminders:

1. Temporary appointment may not exceed twelve (12) months.
2. New hires must report to HR on or before their first day of employment with documents to verify identity and employment eligibility. E-Verify and a criminal background check must be successfully completed prior to the commencement of work.
3. Non-exempt (hourly) temporary employees are paid on a lag. Refer to payroll schedule to determine pay dates. Actual time in/out must be recorded for hourly employees to receive compensation.
4. Grant Accounts must be approved by the Office of Research and Grants Administration (**ORGA**) and Foundation Accounts must be approved by Foundation Financial Services (**FFS**) before routing to Budget Office.

Position description required. Include duties, minimum qualifications, supervisory role, budget accountability, and type of decision making (if any).

Name:		CWID (if known):	
Mailing Address:		Charge To (Budget #): Funds must be available from existing budget	
City/State:		ORGA Approval:	FFS Approval:
Home Telephone: E-Mail Address:		Proposed Dates FROM: TO:	
Hourly Rate:	Hours/Wk: <i>*See below*</i>	Lump Sum:	HR Authorized Start Date:

*Under the Affordable Care Act, certain temporary employees who average 30 hours or more per week will be eligible for health care coverage. In order to accurately determine eligibility, it is extremely important that you accurately predict the number of hours the employee is likely to work per week. Notify HR immediately if there is a significant change in the employment status of a temporary employee (e.g. increase/decrease in hours/wages or termination).

Approvals:

Dept. Head _____ **Date:** _____

VP/Dean _____ **Date:** _____

EVP/Provost _____ **Date:** _____

Budget: _____ **Date:** _____

President: _____ **Date:** _____

HR _____ **Date:** _____

HR Received:	Processed by:
--------------	---------------

College of Charleston
Position Description For All Temporary Appointments Excluding Adjunct Faculty
(Not To Be Used For Student Hires)

From: _____ Department: _____

Name: _____ Direct Supervisor: _____

Position/Title: _____

A. Primary Duties: Briefly describe the primary duties/job functions of this position.

B. Describe the level of discretion and decision-making required of this position, please include examples.

C. Level of Education/Special Skills/Training/Certification required for this position.

D. Number of Employees Position Supervises:

Staff/Classified Employees	Full-time	_____	Part-time	_____
Temporary/Student Employees	Full-time	_____	Part-time	_____

Supervisor's Signature: _____

EMPLOYEE ACKNOWLEDGEMENT

Temporary Employees

AFFIRMATIVE ACTION AND EQUAL OPPORTUNITY EMPLOYMENT

The College of Charleston is an Affirmative Action/Equal Opportunity employer and does not discriminate against any individual or group on the basis of gender, sexual orientation, gender identity or expression, age, race, color, religion, national origin, veteran status, genetic information, or disability.

DUAL EMPLOYMENT/SECONDARY EMPLOYMENT

In the event that another South Carolina state agency offers me employment (permanent or temporary) while I am simultaneously employed by the College of Charleston, I understand that I must notify Human Resources.

GRIEVANCE

Your employment is at-will and may be ended by you or the College at any time. Temporary Employees are not entitled to access the State or College of Charleston grievance processes.

HEALTH INSURANCE

Under certain circumstances temporary employees may be eligible for health insurance in compliance with the Affordable Care Act.

LEAVE/HOLIDAYS

Temporary employees do not accrue annual or sick leave and are not entitled to any other type of leave afforded to permanent employees. Temporary employees cannot be paid for any hours not worked, including holidays or other days when the College of Charleston is closed.

RETIREMENT

Newly hired temporary employees may choose to join SCRS (South Carolina Retirement System), the State ORP (Optional Retirement Plan), or non-membership. A decision must be made within 30 days of the date of hire and is irrevocable. If an election is not made within 30 days, the College will automatically enroll the employee in SCRS. A non-election form or an enrollment election form must be completed regardless of the plan selected. A valid email address must be provided to the College of Charleston Human Resources department to initiate the enrollment process through the State's online system. Temporary employees are exempted from mandatory membership by state law and therefore have an option to elect non-membership. Employees may not join at a later date unless they have had a bona fide termination of employment and are later hired into another covered position, or they are transferred into a position for which membership is mandatory.

WORKERS' COMPENSATION

In the event of injury during working hours at the College of Charleston, I understand it is my responsibility to advise my immediate supervisor and/or department head of this injury before leaving work on the day of the injury. Failure to do so may result in my being personally liable for all medical expenses.

Address questions to Human Resources - 843-953-5512.

I have read and understand the information provided above.

Signature

Date

THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE AN EMPLOYMENT CONTRACT BETWEEN THE FACULTY, STAFF, OR ADMINISTRATIVE EMPLOYEE AND THE COLLEGE OF CHARLESTON. THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS. THE COLLEGE OF CHARLESTON RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT, IN WHOLE OR INPART. NO PROMISES OR ASSURANCES, WHETHER WRITTEN OR ORAL, WHICH ARE CONTRARY TO OR INCONSISTENT WITH THE TERMS OF THIS PARAGRAPH CREATE ANY CONTRACT OF EMPLOYMENT.

HRTF 03/2018

Request for Employee Posting/Hiring Authorization

All staff hiring actions (permanent or temporary, part or full-time) must be pre-approved by the President. This approval must take place prior to advertising for the position or extending an offer of employment.

Please complete this form in its entirety. A decision to permit a hire for the vacancy will be made by the President, at his sole discretion, based on consideration of the information provided below.

Department: <input style="width: 95%;" type="text"/>	Title of Position: <input style="width: 95%;" type="text"/>
--	---

1. Is this position fully funded? Yes No

2. Source of Funds: Dept. Funds Foundation Account Grant Other

Explain:

3. Position Type: Permanent (FTE) Full-Time Temporary Part-Time Temporary

3A. If this is a Permanent (FTE), does the line currently exist? Yes No

3B. If Position is permanent - attach current **Position Description**
 3C. If Position is temporary - provide an attachment containing: 1) primary responsibilities; 2) minimum requirements; 3) supervisory responsibilities; 4) salary requirements; and 5) name of supervisor

4. Is filling the Position critical for one or more of the following?

<input type="checkbox"/> Accreditation	<input type="checkbox"/> Regulatory Compliance	<input type="checkbox"/> Health or Safety Needs of the College Community	<input type="checkbox"/> Other Purpose of Similar Importance
--	--	--	--

If Other, Explain:

5. Is this replacing an existing position?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes: Previous Employee Name:	Previous Pay Rate:	How long has position been vacant?
--	-----------------------------	------------------------------	---------------------------------	--------------------	------------------------------------

Explain:

6. Is this a new and temporary need?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, list # of hours per week needed:	Anticipated Duration of Employment:
--------------------------------------	-----------------------------	------------------------------	--	-------------------------------------

7. If this position is not filled, how will the College unit perform the responsibilities and duties of the position?

Explain:

8. What, if any, negative financial or other consequences would result if the College did not approve of this hire request?

Explain:

9. Additional Comments:

	Date
Printed Name: <input style="width: 90%;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>
Title: <input style="width: 90%;" type="text"/>	

MANAGEMENT ATTESTATION

TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL OF THE INFORMATION CONTAINED ON THIS FORM IS TRUE AND ACCURATE IN ALL MATERIAL RESPECTS. I APPROVE OF THIS RECOMMENDATION.

Department Head/Chair: _____ Date _____

Dean/Vice President: _____ Date _____

Executive Vice President: _____ Date _____

Executive Vice President Business Affairs: _____ Date _____

Final Action by the President	<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	<input type="checkbox"/> Table for Further Consideration
--------------------------------------	-----------------------------------	--------------------------------------	--

President: _____ Date _____