

Temporary Appointment Renewal

For use only when continuing an existing temporary appointment for an active employee.

Dept. _____ Dept. Ext. _____ Supervisor: _____

Important Instructions and Reminders:

1. **Temporary appointment may not exceed twelve (12) months.**
2. Actual time in/out must be recorded for hourly employees to receive compensation.
3. 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.

Name:			CWID:		
Position/Title:			Charge To (Budget #): Funds must be available from existing budget		
Work Telephone:			Source of Funds: Grant Foundation Department		
E-Mail Address:			ORGA Approval:		FFS Approval:
Current Hourly Rate:	Current Hours per week:	Current Lump Sum:	Current Temporary Appointment Ends:		
*New Hourly Rate:	*New Hours Per Week:	*New Lump Sum:	Requested effective date:		
Seasonal Employee? Y N			End date:		
			HR Authorized Start/End Dates:		

**Attach written justification for any change in hourly rate, hours, or lump sum amount.
Attach job description if there are changes to the job.**

****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 temporary 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: _____
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