

GENERAL DIRECTIONS

This form is required to request temporary or extension of temporary employment. Position job codes and pay rates must be within the guidelines used by the Employee and Retiree Service Center.

INSTRUCTIONS

This form is for all requests for assignment to temporary positions. Entries for each column are as follows:

NAME

Print name: last, first, middle initial

EMPLOYEE NUMBER

Enter employee ID number.

JOB CODE

Enter the job code.

FIRST DAY OF WORK and LAST DAY OF WORK

Enter month, day, and year for the first and last day of work.

Example: September 5, 2007

M	M	D	D	Y	Y
0	9	0	5	0	7

PROCESS LEVEL

Enter the process level where the employee will work.

TIME REPORTING LOCATION

Enter the time reporting location number.

SALARY: GRADE, STEP, and LONGEVITY

Enter salary grade, step, and longevity step, if applicable.

HOURLY RATE

Enter hourly rate to be paid to the employee. (Subject to review and approval by the Employee and Retiree Service Center.)

ACCOUNTING INFORMATION

Enter the Financial management System (FMS) expense account codes for the assignment. If applicable for the Grant, use the last four digits of the six-digit FMS number. If applicable for the Program, use the last three digits of the four-digit FMS number