

Office of Human Resources – Part Time/Per Diem Request Extension/Renewal Form

Section I – To be completed by the Hiring Department

(Please Print)

Extending Employee Name _____

Department Information

Division: _____

Department: _____ GL Code # _____

Please Check Employment Category: Part Time ☐ Per Diem ☐

Please check this box once you have confirmed that the budget has sufficient funds: ☐

Employee Position Information

Part Time Staff: (Employees employed for less than 28 hours per week and with no specific duration of employment)

Employee's Title: _____ (Please Print)

Proposed Hourly Rate: \$ *# of hours per week: # of weeks:

**Proposed Start Date: Proposed End Date: Total Budget for Assignment:

* Any adjunct employment may affect the total number of hours needed for PT position. Review Appendix B for reference

Days Scheduled to Worked (i.e. Monday and Wednesday or ½ day Thursday): _____

ALL RENEWAL REQUESTS MUST BE RECEIVED 30 DAYS PRIOR TO START DATE.

Signature of Hiring Manager: _____ Date: _____

Signature of Department Head: _____ Date: _____

Signature of Executive Committee Member: _____ Date: _____

****An email will be sent to the requesting department indicating the position has been approved. **Selected candidates must not be allowed to begin working until authorization has been received from Human Resources.*****

Section II – To be completed by the Office of Human Resources

Approved ☐ Not Approved ☐ SafeColleges Training Completion Date: _____

Colleague Position Code: _____

Approval Notification Date: _____ Reason for Denial: _____

Signature: _____ Date: _____

DCRP Eligible Yes No