

## Office of Human Resources Part Time Employee Request for Hire Form

### Section I

**If a candidate has been identified for the position, submit the candidate's resume along with this form to the Office of Human Resources for review and final approval.**

#### Part-Time Staff Information:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Cell: \_\_\_\_\_

Resume Attached: Yes \_\_\_\_\_ No \_\_\_\_\_ Incumbent (if applicable): \_\_\_\_\_

#### Department Information

Division: \_\_\_\_\_

Department: \_\_\_\_\_ GL Code # \_\_\_\_\_

Approved Employment Category: Part Time ☐ Per Diem ☐

#### 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: \_\_\_\_\_ Job Description Attached: Yes \_\_\_ No \_\_\_

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 proposed start dates should be scheduled to begin on a Monday and at least 2 weeks after the completed submitted form. 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.)*

Position Reports To: \_\_\_\_\_

Signature of Hiring Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Department Head: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Executive Committee Member: \_\_\_\_\_ Date: \_\_\_\_\_

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

Approved ☐ Not Approved ☐ SafeColleges Training Completion Date: \_\_\_\_\_

Employee ID Number: \_\_\_\_\_ Reason for Denial: \_\_\_\_\_

Colleague Position Code: \_\_\_\_\_ Approval Confirmation Date: \_\_\_\_\_

HR Representative Signature \_\_\_\_\_

**DCRP Eligible** Yes \_\_\_\_\_ No \_\_\_\_\_