

**CENTRAL OREGON COMMUNITY COLLEGE
APPROVAL TO HIRE TEMPORARY PERSONNEL for TEMPORARY HOURLY EMPLOYMENT**

SECTION I: To be completed, in full, and signed by the Hiring Manager and Dean or Director. Incomplete or obsolete forms will be returned and may cause delays in the hiring process.

Name of Employee: _____ COCC ID Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Email Address: _____

This individual has an application on file, is qualified for and has been approved to fill the following position:

Job Title: _____ Department: _____ Campus _____

Supervisor: _____

Is this individual an active COCC Student or Retiree? Student Retiree Rehire? Yes No

Does this individual work anywhere else at the college during the current academic year? Yes No

If "Yes", which department(s)? _____ How many hours per week? _____

Which terms? Fall Winter Spring Summer

(Please note that the TOTAL # of hours/week than this employee works may make him/her eligible for overtime and/or medical insurance under the Affordable Care Act, which could result in an additional cost to your account.)

Write a brief description in the space below OR Attach a job description (for all new positions):

The approximate length of this job assignment, starting with the first day (not to exceed one fiscal year – 7/1 to 6/30):

Start Date: _____ To: _____ (approximate end date)

PLEASE NOTE: This employee must report to HR on the first day of employment with proper I-9 Identification, complete new hire paperwork, and be signed-off by HR to start working.

Is this person going to fill in for a regular/benefited employee?

Yes No If yes, who: _____

This person is to be paid: \$ 10.75 per hour (minimum wage)
\$ _____ per hour. [See Irregular Wage Salary Schedule or Contact Human Resources for appropriate wage.]

Status: Full-time (40 hrs/wk) Part-time (____ hrs/wk) Months/Year: _____

The Account Number to which this hourly pay will be charged is: _____

APPROVED:

Supervisor or Department Chair Date

Budget Administrator (Dean or Director) Date

SECTION II: Below is for HR office use only

Background check Onboarding SafeColleges

User accounts needed: If Yes, please list (i.e. e-mail, N-drive home dept.) _____ No

Human Resources Date