

**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:      \$ 10.25 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     I-9     W-4     Application     Payroll Information     SafeColleges

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

\_\_\_\_\_  
Human Resources      Date