

## TEMPORARY/PROVISIONAL AUTHORIZATION FORM

Temporary/Provisional Appointments are term appointments with a designated start/end date and may be full-time or part-time. It is the policy of CSB/SJU to give first consideration to employing our CSB/SJU students for assignments of 20 hours/week or less during the academic year and for all temporary assignments during the summer months.

**REQUEST TO HIRE:** CSB \_\_\_\_\_ SJU \_\_\_\_\_ OSB \_\_\_\_\_ (Check box if this is a *Coordinate position*) \_\_\_\_\_

Department: \_\_\_\_\_ Appointment Dates: \_\_\_\_\_ to \_\_\_\_\_ FT \_\_\_\_ PT \_\_\_\_

Provide a brief statement of the purpose for the appointment and the primary duties to be performed.

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Stipend Payment Amount: \$ \_\_\_\_\_ OR Hourly Rate: \$ \_\_\_\_\_  
(Contact the HR Department regarding rate; ext. 3340 or 5071)

If paid hourly, please indicate total hours anticipated for the appointment: \_\_\_\_\_

Budget Account Number: \_\_\_\_\_ Budget Account Name: \_\_\_\_\_

|                    |                                       |             |
|--------------------|---------------------------------------|-------------|
| <b>Signatures:</b> | Department Head: _____                | Date: _____ |
|                    | Vice President/Provost: _____         | Date: _____ |
|                    | Director of Student Employment: _____ | Date: _____ |
|                    | Human Resources Office: _____         | Date: _____ |
|                    | Budget Officer: _____                 | Date: _____ |

### **EMPLOYMENT CONFIRMATION:**

Employee Name: \_\_\_\_\_

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

Are you currently or were you previously employed at CSB/SJU/OSB? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, indicate dates, department, and position held: \_\_\_\_\_

Temporary/Provisional Appointments are non-benefits eligible and subject to change at the employer's discretion based upon operational needs. There is no guarantee of a minimum number of hours or continued employment. Temporary/Provisional employees are expected to adhere to CSB/SJU/OSB policies and procedures in accordance with the applicable employee handbooks. The stipend/hourly payment for this appointment is subject to FICA and applicable State/Federal payroll taxes. The stipend/hourly payment agreed to in this document shall constitute full payment of any and all services rendered and no other payment is authorized unless specifically authorized by a subsequent agreement.

***My signature indicates that I have read and understand the terms and conditions of this appointment as outlined above.***

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date