



*Personnel Office
use only*

Funding Source: _____
Earn Type: _____

**PERMANENT PART-TIME CLASSIFIED
EXTRA HOURS EMPLOYMENT CONFIRMATION**

EMPLOYEE NAME: _____ COLLEAGUE ID: _____

BUDGET ACCOUNT: _____ POSITION ID: _____

BUDGET ACCOUNT: _____ POSITION ID: _____

DURATION OF EXTRA HOURS: Beginning _____ Ending _____

PAY RATE: _____

Signature of Employing Supervisor - Also Please Print Colleague ID Office Phone Date

Signature of Cognizant Dean – Also Please Print Colleague ID Office Phone Date

Signature of Time Card Approver Colleague ID Date

Signature of Human Resources Director Date

***** **TO BE COMPLETED BY EMPLOYEE** *****

MAILING ADDRESS: _____
P.O. Box/Street No. City State Zip

TELEPHONE: _____ SOC SEC NO: _____

I have read the employment confirmation set forth above and accept employment on the terms stated herein. I understand that as permanent, part-time employee, I am not entitled to benefits due regular employees and will not obtain full-time status.

Signature of Employee Date