



Office of Human Resources use only

Funding Source: _____

Earn Type(s): _____

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 _____