

**AUSTIN PEAY STATE UNIVERSITY  
TEMPORARY HELP PAY REQUEST FORM**

TO: HUMAN RESOURCES

FROM:

DEPARTMENT:

DATE:

Name

(leave blank if individual is unknown and the position will be advertised.)

SSN # or Banner ID #

for temporary work to begin  and end

Recommended hourly rate of pay:

Responsibilities:

FOAP to be charged:  Position Number:

Full Time  Part Time: Number of work hours scheduled per week:  (See Page 2.)

TimeKeeping Location : T

In order for the employee to be paid, the hours actually worked must be reported on Time Sheet for the correct pay period and submitted.

**THIS APPOINTMENT IS NOT APPROVED UNTIL ALL APPROPRIATE SIGNATURES HAVE BEEN OBTAINED:**

_____	_____	_____	_____
Originator/Department	Date	Dean, Director, or Manager	Date

The following forms must be attached or on file in Human Resources:

I-9 w/copies of documents	_____	Social Security Card (if not used with I-9)	_____
W-4 Form	_____	Direct Deposit Form	_____
Employee Information Form	_____		

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*This form must be completed and received by Human Resources before the employee may work.  
The department will be notified by e-mail when the employee may begin work.  
This form should be printed on pink paper.*

Complete the following contract **only** if the temporary employee will work more than twenty hours per week for a period of two to twelve months (see policy 5:022).

**AUSTIN PEAY STATE UNIVERSITY**  
**NOTICE OF TEMPORARY EMPLOYMENT AND AGREEMENT FOR**  
**NONFACULTY ADMINISTRATIVE/PROFESSIONAL AND CLERICAL/SUPPORT STAFF**

This is to confirm your temporary appointment to a position approved by Austin Peay State University as a temporary employee as outlined on the preceding page, subject to the terms and conditions hereinafter set forth and your acceptance thereof:

1. This appointment is made subject to the laws of the State of Tennessee, the requirements and policies of Austin Peay State University.
2. The above stated salary is contingent upon your successful completion of service for the full term of this agreement. The salary will accrue and will be payable as follows: semi-monthly monthly. In the event of failure to complete the specific terms of the appointment, salary will be prorated in accordance with the policies of the institution.
3. This appointment and the above-stated salary are in consideration of your faithful performance to the best of your ability of the duties and responsibilities assigned to you as a temporary employee at this institution.
4. As a temporary employee, you are not eligible for employment benefits (retirement credit, state insurance plan, annual or sick leave, holiday pay or longevity credit). Notwithstanding, social security will be deducted from your paycheck unless you are a member of a retirement system or are a rehired annuitant as specified on 26 CFR Part 31.
5. This appointment does not include an assurance, obligation, or guarantee of subsequent employment.
6. This agreement may be terminated without prior notice.
7. By acceptance of this appointment, I agree to abide by the terms of the Drug-Free Workplace Act of 1988 as defined in published university statements and policy. I also agree to notify the Office of Human Resources of any criminal drug conviction for a violation occurring in the workplace no later than five (5) days after such conviction.
8. You are required to notify the Director of Human Resources should you become employed at another state agency/institution.
9. The following special conditions shall govern this appointment.
10. I agree to abide by the policies of Austin Peay State University regarding Intellectual Property, and hereby acknowledge my responsibilities under those policies to disclose and possibly assign (as required under policy) Intellectual Property developed by me, either solely or jointly with others, during the term of my employment, and to otherwise assist the Institution as required by policy in protecting rights it may have in that Intellectual Property.

It is a Class A misdemeanor to misrepresent academic credentials.

You must signify your acceptance of this appointment under the terms and conditions set forth by signing this notice.

\_\_\_\_\_  
Date Vice-President

THIS INFORMATION MUST BE COMPLETED BY THE EMPLOYEE BEFORE PAYROLL CHECKS WILL BE PROCESSED.

I accept the appointment as described above. I understand that this appointment is not approved until all signatures have been obtained. I am \_\_\_\_\_ / \_\_\_\_\_ am not employed as a regular part-time or regular full-time employee at another state agency or institution.

In order to process a payroll check, federal regulations require disclosures of your retirement system(s). If none, please write in "none."

\_\_\_\_\_  
Retirement system

\_\_\_\_\_  
Date Appointee

If you accept this appointment, please contact your immediate supervisor to find out when you begin work.

**AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER**