

APSU Temporary Help Pay Request Form

To maintain federal compliance, this form and all other required employment documentation (see below) must be completed and processed by Human Resources *before* any temporary starts a work assignment. When the temporary is eligible to begin working, the supervisor will be notified by e-mail.

Employee Information

Employee's Last Name	Employee's First Name	Banner ID (A#)
Employee's Email Address	Has this individual previously worked for APSU?	

Assignment Information

Department		Timekeeping Location	Position #		
Target Start Date	End Date	Hourly Rate	Average Hours Per Week		
Responsibilities					
FOAP (Must Correspond with Position #):		Fund	Org	Account	Program

Assignment Change Information

If you are changing pay rates, please provide the former pay rate and reason for change:	Former Pay Rate	Reason for the change
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Approval Signatures (Obtained via DocuSign by HR):

Manager Signature: _____ Date: _____

Vice President Signature: _____ Date: _____

Grants Approval Signature: _____ Date: _____
(If Applicable) (Director of Grants & Sponsored Research)

Grants Approval Signature: _____ Date: _____
(If Applicable) (Grants Accountant)

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: bi-weekly 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.

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: _____ Is this a TN state retirement plan? _____

I accept the appointment as described above. I understand that this appointment is not approved until all signatures have been obtained.

Employee Signature: _____ Date: _____

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER