



MONTCLAIR STATE UNIVERSITY

TEMPORARY EMPLOYMENT POSITION ACTION APPROVAL

Temporary Service Employee
(Maximum of 944 hours or 6 months
whichever comes first)

Limited Duration Professional Employment
(Post Secondary Credentials Required)

Type of Work (Please check one)

- Clerical/Administrative
- Technical Support/Information Technology/
Administrative Computing
- Shuttle Bus Support/Transportation
- Housekeeping/Custodial
- General/Non-Clerical/Stage Hands/Trades/Tutor

- Per Diem Employment (hourly, to be paid on a biweekly basis)
- Project Employment (lump sum, to be paid at the conclusion of the project or at stipulated intervals during the project, tied to specific deliverables)

*Attach brief description and justification of the project with expected outcomes, including duration of project.

Requesting Division: _____ Department: _____

Program: _____ Date of Request: _____ Account Number: _____

Period Covered: From _____ To _____ Total Amount Encumbered: \$ _____

Weekly Work Schedule (days/hours): _____

Hiring Supervisor/Manager: _____ Title: _____ Extension: _____

APPROVALS – Signature verifies approval of justification and funds, if appropriate.

Department Director/Chair

Print Name

Date

Dean/Asst. or Assoc. Vice President

Print Name

Date

Division Vice President

Print Name

Date

Grant Accountant (if applicable)

Print Name

Date

Vice President of Human Resources

Print Name

Date



MONTCLAIR STATE UNIVERSITY

TEMPORARY EMPLOYMENT PAYMENT VOUCHER

Temporary Service Employee

Limited Duration Professional Employment

Division: _____ Department: _____ Program: _____

Name: _____ Date of Birth: ___/___/___ CWID/SS: _____

Current Home Address: _____ City: _____ State _____ Zip _____

Gender: __ M __ F Hispanic: __ Y __ N Race(s): __ White __ Black __ Asian __ Amer.Indian/Alaskan Native __ Hawaiian/Pacific Islander

If presently employed at MSU list positions held: _____ Division: _____

Approval by Appointee's Divisional VP: _____ DATE: _____

Limited Duration Employees:

Has the employee worked at MSU previously? __ Yes __ No __ If yes, when _____

Is the employee presently in a New Jersey pension system? __ Yes __ No

If yes, pension system and membership number _____ No. _____

New Hires: Completed I-9 and W-4 forms must be attached along with copies of the employee's current resume and Social Security Card. If these forms are not attached, a delay in processing the temporary employee's payment will result.

Account No. _____ Period Covered: From _____ To _____ Total Amount: _____

Position being filled (attach a brief description and justification): _____

Weekly Work Schedule (days/hours): _____

Rate: \$ _____ per _____ Special Instructions: _____

Requested by: _____
Department Director/Supervisor/Chair _____ Print Name _____ Date _____

Approved by: _____
Dean/Asst. or Assoc. Vice President _____ Print Name _____ Date _____

Approved by: _____
Vice President of Division which the temp employment will be performed _____ Print Name _____ Date _____

Approved by: _____
Grant Accountant (if appropriate) _____ Print Name _____ Date _____

Approved by: _____
Vice President for Human Resources _____ Print Name _____ Date _____

FOR HUMAN RESOURCES USE ONLY

Screen 16: Job _____ Begin Date _____ End Date _____ Position: _____ Flag: _____ Bracket: _____

Rate: _____ CLASS CODE: _____ Earn Code: _____ Timekeeping: _____ Labor Obj: _____

Div/Dept/Unit: _____/_____/_____ Screen 12: Check Distribution Code _____ Grant: _____

Screen 36: FRS Labor Account: _____ Grant: _____