

TEMPORARY EMPLOYMENT POSITION ACTION APPROVAL

- Limited Duration Professional Employment (Formerly Per Diem)
 - Per Diem Employment
 - Project Employment
- Temporary Service Employee (Formerly Blanket)
(May not exceed 944 hours or 6 months, whichever comes first.)
- Grant funded (5 ledger account)

Requesting Division

- President
- VPAA
- SVPA
- VPHR
- VPSDCL
- VPUA

Type of Work (Please check one)

- Clerical:** Duties related to general office and administrative tasks.
- Technical Support:** Duties performed in the information technology area related to administrative computing.
- Shuttle Bus Support:** Duties related to transportation, parking and shuttle bus services.
- General:** Non-clerical, non-computer related duties such as stage hands, trades, thesis supervision, and tutor.

1. Requesting Department: _____
2. Date of Request: _____
3. Attach a brief description of the project responsibilities and expected outcomes, including duration of assignment/project.
4. Period Covered: From _____ To _____
5. Total Amount: \$ _____
6. FRS Account Number: _____
7. Hiring Supervisor/Manager _____ Extension _____
8. **APPROVALS – Signature verifies approval of justification and funds, if appropriate.**

Department Director/Chair

Date

Dean/Assistant or Associate Vice President

Date

Grant Accountant (if applicable)

Date

Assistant Vice President - University Staffing Services

Date



TEMPORARY EMPLOYMENT PAYMENT VOUCHER

- Limited Duration Professional Employment (Formerly Per Diem)
 - Per Diem Employment
 - Project Employment
 - Temporary Service Employee (Formerly Blanket)
(May not exceed 944 hours or 6 months, whichever comes first.)
 - Grant Funded (5 ledger account)
- Type of Work (Please check one)
- Clerical
 - Technical Support
 - Shuttle Bus Support
 - General

Department: _____ Division: _____ Date of Birth: ___/___/___

Name: _____ CWID/SS#. _____-____-_____

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

Gender: ___ M ___ F Race/Ethnic: ___ White ___ Black ___ Hispanic ___ Asian ___ Indian/Alaskan Native

Category for Payment:

___ Student Teaching Supervision ___ Medical Leave Replacement for: _____
___ Other (Specify) _____ (Name)

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.

FRS Account No. _____ Period Covered: From _____ To _____

Amount: \$ _____ Rate: \$ _____ per _____

Special Instructions: _____

Requested by: _____
Department Director/Supervisor/Chair Date

Recommended by: _____
Dean (if applicable) Date

Approved by: _____
Grant Accountant (if applicable) 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: Chk Dist Code _____ Grant: _____

Screen 36: FRS Labor Account: _____ Grant: _____