**REQUEST FOR TEMPORARY EMERGENCY APPOINTMENT**

**UNIT’S NAME:**

**COST CENTER: 32** .\_\_\_\_\_\_\_\_.\_\_\_\_\_\_\_\_.\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROGRAM CHECK DIST/LOC SUB-PROGRAM**  **FUND**

**REQUESTED CLASSIFICATION:**

**CLASSIFICATION CODE:**

**REQUESTED GRADE AND STEP:** /

**HOURLY RATE:**

(If request is for a salary above base, include Applicant Salary Request Letter)

**FUNCTION TO BE PERFORMED BY POSITON:**

**REASON WHY AN EXISTING PERMANENT POSITION COULD NOT BE USED TO PERFORM THIS FUNCTION:**

**REASON/JUSTIFICATION FOR REQUEST TO HIRE VIA TEMPORARY EMERGENCY EMPLOYMENT:**

**SELECTED APPLICANTS NAME:**

**SS#:**

**STARTING DATE (Must Have Prior Approval):**

**ENDING DATE (May Not Exceed 6 Months):**

**FULL-TIME:** **PART-TIME** **% OF EMPLOYMENT**

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**APPOINTING AUTHORITY/DESIGNEE SIGNATURE DATE**

**PRINT NAME PHONE NUMBER**

**FISCAL OFFICER’S SIGNATURE DATE**

**Certification of the availability of source of funding for this reason**

**PRINT NAME PHONE NUMBER**

**HUMAN RESOURCE OFFICER’S SIGNATURE DATE**

**PRINT NAME PHONE NUMBER**

**ATTACHMENT – State Application completed to include birthdate, race and sex**

**REVISED 5/2018**