

Temporary Hire Pre-Approval Form

This form should be completed to secure pre-approval for Merit temporary hires or temporary staff hired through a temporary agency only. Offers of temporary employment may not occur and work may not begin before this form is returned by HRS and the position is listed with www.iowajobs.org for at least three (3) days (HRS will coordinate this). The Personnel Action Form (PAF) must be submitted *no later than* the first day of employment. For P&S temporary hires, a Jobs@UNI requisition must be completed instead of this form.

Section A – Position Information:

Organization: _____

Proposed Position Title: _____ **Number of Positions to Fill:** _____

Will this employee(s) be hired through a temporary agency? **Yes** **No**

Position Duties – Identify and describe primary duties/responsibilities of this position (or attach established position description if applicable):

Example: Advises new and current students on decisions regarding course selection.

1. _____
2. _____
3. _____
4. _____
5. _____

Required Education and Experience Qualifications to Perform Essential Functions:

Anticipated Length of Temporary Need: _____ **Hours Per Week:** _____ **Anticipated Start Date:** _____

Work Schedule _____

Note: Limit of less than 780 hours per fiscal year

Work Will Be Supervised By: _____

Department Contact for Job Listing: _____

Name and Address of Where to Submit Completed Applications: _____

Anticipated Compensation (*Consult HRS for assistance*): Hourly Rate \$ _____

29 Digit Account Number for Temporary Hire: _____

Type of Account: **General Fund** **Grant or Contract** **Foundation** **Self-Supporting** **Other**

Reason/Justification for Temporary Hire: _____

Section B – Request and Approvals:

I certify the following:

- I have reviewed the temporary appointment procedures and information located at: [Temporary Employment](#)
- I have read the [UNI Policy 4.03](#) – Conflict of Interest in Employment and will not knowingly make a hire that could create a real or perceived conflict of interest.
- I understand the person selected for the temporary appointment may not be offered employment or begin work until this completed form is returned by HRS.
- I understand the temporary employee should report to Human Resource Services at 027 Gilchrist Hall on or before their first day of employment to complete their [new hire paperwork](#). *Federal law requires that an I-9 be completed by the third day of employment.*
- I understand the departmental PAF preparer must create a PAF for the temporary hire *no later than* the first day of employment and attach:
 - A completed [Merit Employment Application](#) form for Merit positions (the person hired must meet required qualifications of the position);
 - A temporary appointment offer letter signed by the department head or director and the person hired.
- I understand that if the selected temporary hire is a former UNI employee that they cannot be rehired until the beginning of the next pay period following their termination date. Consult with HRS for more information.
- I understand that a [telework agreement](#) must be approved for any work arrangement where the employee will work away from their primary worksite at an alternate location, on a regular basis, at least one day a week.

Requestor Signature: _____ Date: _____

Approvals (Signifying approval for department to hire temporary staff as indicated above):

Department Head or Director Signature: _____ Date: _____

Dean (if applicable): _____ Date: _____

Vice President: _____ Date: _____

Research & Sponsored Programs (if applicable): _____ Date: _____

UNI Foundation (if applicable): _____ Date: _____

Forward fully approved form to HRS by mail (mail code 0034), fax (3-2927) or email merit-employment@uni.edu for classification determination. HRS will return this form to hiring department once form is complete.

Return the completed form to: _____ Mail Code: _____

Section C – HRS Classification:

Merit Classification Determination: _____

HRS Comments: _____

HRS Reviewer: _____

Reviewer Signature: _____ Date: _____