

I am accepting a temporary position with North Carolina State University. I understand that the 11-month employment time limit for temporary employees does not apply to students, retirees, some part-time temporaries, or temporary employees funded partially or fully as a result of an ARRA stimulus award who certify their status and agree to the following terms below:

**STUDENT STATUS**

(Initials) I certify that I am enrolled in a post-secondary education institution. My student status is primary, and my working relationship is secondary to my role as a student. I understand that it is my responsibility to notify my supervisor if my status as a student changes.

I am enrolled for the current or upcoming semester at:

- North Carolina State University.
- another post-secondary institution.

**RETIREE STATUS**

(Initials) I certify that I am a retiree receiving retirement income from any source and/or social security benefits. I am not available for nor seeking permanent employment.

I am a retiree of:

- North Carolina State University.
- Other source providing retirement income or social security benefits.

**STIMULUS FUNDED (ARRA) STATUS**

(Initials) I certify that I am a temporary employee funded as a result of a stimulus award and paid with stimulus funds.

**TRAINEE STATUS**

(Initials) I certify that I am a Non-NCSU student enrolled for the current or upcoming semester at a Post-Secondary Institution, and my student status is my primary roll. The training I am receiving is directly related to my academic degree program.

**TERMS**

Submission of this form indicates I understand that as a temporary employee, regardless of my length of service, I will not receive retirement credit, leave benefits, health insurance, or other state benefits. I also understand that if separated, I will not receive severance pay or priority re-employment consideration. I also understand that temporary employees are free at any time to seek employment that does provide benefits (with the State or otherwise).

**SIGNATURES**

Employee Name (Print)

Employee Signature

Date

Supervisor Signature

Date

Computer Science

Department

Keep in department file.

Print Form