

Temporary Employment Authorization Form

DATE: _____ BIRTH COUNTRY: _____ I-9: _____

CHECK BOX IF YOU ARE AN United States Citizen or Permanent Resident

FULL NAME: _____
First Name Middle Name (or Initial) Last Name

CLASS: _____ MAJOR: _____ TEMP CATEGORY: _____

LOCAL ADDRESS: _____ EMPLOYEE/STUDENT ID # : _____
 (CURRENT HOME)

EMAIL ADDRESS: _____

PHONE NUMBER: _____

Are you a US veteran? _____ Are you registered with the US selective service? _____

Experience in present position? _____ Number of semesters worked? _____

Have you ever been on the university payroll? _____ Are you currently on the university payroll? _____

If yes, what department? _____ How many hours do you work per week? _____

As a temporary employee of the Computer Science Department, I understand that I have been hired "at will" and I am subject to continuation or termination of employment at the discretion of the department.

EMPLOYEE'S SIGNATURE: _____ DATE: _____

YOUR SUPERVISOR MUST COMPLETE THIS SECTION BEFORE YOU SUBMIT YOUR PAPERWORK

I HAVE HIRED THIS TEMPORARY EMPLOYEE AS A _____ FOR THE

FALL SPRING SUMMER SEMESTER(S). COURSE # _____ SECTION _____ COURSE TYPE: _____

BUDGET: \$ _____ PROJECT #: _____ PAY RATE: \$ _____ HOURS PER WEEK: _____

EMPLOYMENT BEGIN DATE (MM/DD/YYYY): _____ ENDING DATE: _____

SUPERVISOR: _____
Print Name Signature

EMPLOYMENT AUTHORIZATION APPROVALS (FOR CSC BUSINESS OFFICE USE ONLY)					
Action	Effective Date	Approval & Date	Action	Effective Date	Approval & Date

Email completed form to Lauren Williamson (lgwilli2@ncsu.edu) AND Marcus Bullett (mbullet@ncsu.edu)

Acceptance of CSC Employment Terms

As a condition of temporary employment in the Computer Science Department, all supervisors and employees must review, sign, and date the Acceptance of CSC Employment Terms document. Failure to abide by the terms and conditions stated below, may result in termination of employment.

As a temporary employee of the Computer Science Department, I _____ am
(Print Employee Name)

aware of and **agree** to abide by the following policies:

- ❖ Employee must use the Wolftime system to record ACTUAL TIME WORKED. This amount should be up to the amount of hours hired per week on page 1. If working over the allotted hours per week, please attain *prior* written approval from the Supervisor. By submitting time for approval, employees are certifying that they have worked the reported hours in Wolftime.
- ❖ **Employees are required to take a minimum 30 minute break when working over 4 hours in a single day. This policy will be enforced by the department.**
- ❖ Employees acknowledge that no work is allowed on University holidays or during University closures (winter break).
- ❖ Federal law requires each new employee to complete Section 1 of the Employment Eligibility Verification Form I-9 on or before the first day of employment, and Section 2 of the Form I-9 within 3 days after the hire date with an authorized HR representative. Completion of Section 2 will require presentation of original documents by the employee proving identity and legal authorization to work in the United States. (Please note that I-9 policies may be different during social distancing. An HR representative will reach out with more information.)
- ❖ In compliance with NC law, NC State verifies each employee's US employment eligibility using the US Department of Homeland Security's E-Verify system. Your employment will be terminated if you fail to comply with the employment authorization requirements or if it is determined that you are not legally authorized to work in the United States.

As a temporary employee and supervisor of the Computer Science Department, **WE** accept and agree to abide by the CSC Employment Terms. **WE** understand that this hire is "at will" and is subject to continuation or termination of employment at the discretion of the department, based upon the above employment terms and conditions.

Employee Signature

Date

Supervisor Signature

Date

FOR QUESTIONS OR CONCERNS REGARDING CSC EMPLOYMENT TERMS, PLEASE
CONTACT Terri Moss (Phone: 515-2930 Email: tlmarti4@ncsu.edu)

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