

PART-TIME TEMPORARY HOURLY REQUEST FORM

To be completed by the hiring department:

Department Name: _____ Fund and Organization: _____

Time Sheet Org: _____ Web Time Entry Approver: _____

Job Title/Classification: _____

Description of Duties: _____

Is this temporary replacement for a permanent employee: _____ If yes, who? _____

Hours of Work Per Week: _____ Start Date _____ End Date _____ Hourly Rate _____
Hours cannot exceed 25/week and 944 hours per fiscal year Cannot cross fiscal years

Rowan Student? Yes / No (circle one)
Rowan students CANNOT be processed on this form. Please use Student Authorization Form.

Previous Employee / New Hire (circle one)
New hires must complete a new hire packet, complete the background check process, complete 19, and submit proof of SSN before they can begin employment.

Employee Name: _____ SSN or Rowan ID: _____

Employee Phone Number: _____ Employee Email: _____

Person to Be Contacted with Questions: _____ Extension: _____

Supervisor Signature: _____ Ext: _____ Date: _____

Second Supervisor Signature: _____ Ext: _____ Date: _____
(Department Head, Dean, Etc)

Division Head Signature: _____ Ext: _____ Date: _____
(Provost or Vice President)

**Forms must have Division and Budget approval before Human Resources can process.
All new hires must complete the new hire packet and successfully complete a background check before employee can start work.**

To be completed by Budget Office:

Position Number: _____

Budget Approval: _____ Date: _____

To be completed by Human Resources:

Classification Description: _____ FYTD Hours: _____

Background Check:

Sent: _____ Cleared: _____ Department notified: _____

Approved by: _____

Entered on Banner: _____ Banner #: _____ Letter sent: _____