



Request for Interim Appointment/ Temporary Added Duties

Please complete, save, & print this form. After signing, please scan and e-mail for approval routing. Please route only to the next office in the routing queue.

Employee Data

Employee Name: _____ Employee #: _____
Current Title: _____ Current Position Number: _____
Department/Division: _____ College/School: _____

Action

Choose only one:

Interim Appointment: New Extension

Temporary Added Duties: New Extension

Vacant Position for Interim Assignment:

Effective Start Date: _____

Effective End Date: _____

Current Salary: \$ _____ per hour (non-exempt)
(complete one)

\$ _____ per year (exempt)

Additional Salary Amount: \$ _____

HR will approve final salary; department to provide budget info if paid from separate index

Justification

Please provide a statement of specific request and justification, including additional responsibilities to be assumed. Use additional pages if necessary. (NOTE: The employee will not change position numbers or job titles.)

Requester Signature

DEPARTMENT HEAD:

I request approval of the appointment as specific above. I understand all signatures are required for final approval.

(Please print name) (Signature) (Date)

DEAN APPROVAL (Academic Affairs Only):

I request approval of the appointment as specific above. I understand all signatures are required for final approval.

(Please print name) (Signature) (Date)

Approval Signatures

PROVOST/VICE PRESIDENT

Approved _____ Disapproved _____
(Signature) (Date)

PRESIDENT: Presidential approval only required if employee is a direct report to Provost or Vice President.

Approved _____ Disapproved _____
(Signature) (Date)

HUMAN RESOURCES

Approved _____ Disapproved _____
(Signature) (Date)

AVP/CHIEF HR OFFICER

Approved _____ Disapproved _____
(Signature) (Date)