

WSU COLLEGE OF NURSING
TEMPORARY EMPLOYMENT REQUEST AUTHORIZATION FORM

Name _____ WSU ID _____

Email Address _____ Contact Phone _____

Is Employee a WSU Student? Yes No Current Number of Credits Enrolled _____

Appointment Start Date _____ Appointment End Date _____

Work Days/Hours _____

Total Hours or Total \$ Amount to be Worked _____ Hourly Pay Rate \$ _____

Budget/Project # _____ Supervisor _____

Employee Will Need: Computer Phone Programs/Software (list) _____

Details: _____

Benefit and ACA Determination (all questions are required to be answered):

Do you anticipate:

- | | | |
|---|-----|----|
| • the employee will be appointed for six months or more? | Yes | No |
| • the employee will work 8 or more hours each month of the appointment? | Yes | No |
| • this appointment will be occurring seasonally, or on a recurring basis? | Yes | No |
| • the employee will be in student status now or anytime this coming year? | Yes | No |

Estimated hours of work per week: 0 – 19 20 – 29 30 – 40

Detailed Description of Duties/Job Summary (must be filled out for new positions only; otherwise provide position working title {i.e. Research Assistant} or name of other employee doing the same duties.):

Qualifications Required (must be filled out for new positions):

It is the supervisor's responsibility to track all hours worked and costs associated with their employee.

Please notify the Payroll Fiscal Specialist immediately regarding any changes in funding source, termination of employee, and the end or extension of appointment.

Please sign and SUBMIT this form to nursing.payroll@wsu.edu.

The Payroll Fiscal Specialist will route the form to the Director of Finance and Administrative Services for approval, contact the employee to schedule a meeting prior to the appointment start date to process their I-9 and complete new hire paperwork, provide time cards, and will notify the PI/Supervisor upon completion.

PI/Supervisor Signature _____ Date _____

Finance Use Only

Director of Finance and Administrative Services Signature _____

Position Number/Title/Code _____