

EMPLOYMENT REQUEST

Employee Name:

Phone:

Location:

Assignment:

Grade Level:

Subject:

Replacing:

Employment is: Full-Time Part-Time Temporary Full-Time Temporary Part-Time As Needed

Employment Months: 10-month 11-month 12-month Other:

Transfer/Status: Change Add Remove
From: To:

Former HCS Employee? Yes No

Is the Employee a NC State Retiree Rehire? Yes

If yes: # hours per week:

Rate of Pay per hour:

Additional Work Hours for classified personnel: Yes

If yes: # hours per week:

Rate of Pay per hour:

Additional Work Hours for licensed personnel: Yes

If yes: # hours per week:

Rate of Pay per hour:

Additional Payment for licensed personnel: Yes *Additional payment:*

INTERVIEW RECORD:

Applicant Name	Date	Interviewed By	Comments

List additional inquiries on the back

Reason Selected:

Three references were checked: Yes No

Administrator Signature

Date

Rejection Notifications: Phone Letter Email Date:

For Central Office Use Only

Start Date:

End Date:

Change in Funding: Yes If yes, from:

Budget Code

to:

Budget Code

Leave of Absence: Yes If yes, type of leave:

From:

To: