Permanent Part-Time
Classified & Technical Extra Hours Employment Confirmation

Duration of Extra Hours

Beginning: _____ Ending: _____

Charge Code: _____ Position Title: _____

Work Location: _____ Supervisor: _____

Work Phone: **( )** _____ Pay Rate: **$** _____

Approvals

Printed Name of Employing Supervisor	Signature of Employing Supervisor	Date

Printed Name of Payroll Specialist	Signature of Payroll Specialist	Date

Printed Name of Human Resources Director	Signature of Human Resources Director	Date

**********************TO BE COMPLETED BY EMPLOYEE*********************

Employee Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Home Phone: **( )** _____ Work Phone: **( )** _____

Colleague ID: _____

Copy Center: ____ Switchboard: ____ Any:

I have read the employment confirmation set forth above and accept employment on the terms stated herein. I understand that as a permanent, part-time employee, I am not entitled to benefits due regular employees and will not obtain full-time status.