

Temporary & Summer Dining/ Housing Employment Form for Ten-Month Employees

Employee ID: _____ Record Number: _____

Employee Name: _____

Department ID: _____ Department Name: _____

Employee's Class 1 Job Code: _____ Class 1 Job Title: _____

Class 1 Standard Hours Worked Per Week: _____ Hourly Pay Equivalent: \$ _____

Class 1 Appt. Start Date: _____ Class 1 Regular Appt. End Date (10month should be 6/30): _____

Class 1 Layoff Date: _____

Job Code: 09999, Dining-Housing Special/Temp and Summer Employment			
Hourly Pay: \$ _____			
Class 4 Start Date: (Cannot be prior to Class 1 Layoff Date):	_____	Class 4 End Date:	08/31/XX (Last possible day worked in this job code)
Department ID:	_____	Department Name:	_____
Class 4 Estimated Hours Worked Per Week: _____			
Or, specify the days the employee will work: _____			
Brief description of temporary summer job duties: Under guidance and supervision, performs general food service duties.			
In comparison to job duties of the employee's regular, Class 1 position is the summer work expected to be performed:			
Same:	<input type="checkbox"/>	Modified:	<input type="checkbox"/>
		Different:	<input type="checkbox"/>

The individual below has approved submission of this request form and certifies that the information in this document is accurate and complete.

Name of Supervisor (Print): _____

Signature of Supervisor: _____ Date: _____

Title: _____

Signature of Employee Accepting: _____ Date: _____