## 

**HRS USE ONLY**

\_\_\_\_\_ Non-Exempt

\_\_\_\_\_ Exempt

**SPA SPECIAL ASSIGNMENT**

**Occasional/Sporadic Employment Request**

## 

#### Employee Action Form

## Contact Person:       Phone Number:       Date: June 15, 2017

## Alternate Contact Person:       Phone Number:

## Supervisor:       Phone Number:

## Screen 11 Empl/Appl Add/Maint

ID #:

Employee Name (Last, First MI):

Current Classification:

Classification Recommended:

Requesting Department Name:  Requesting Department Number:

**Assignment Information**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **\*** |  | Work Schedule |  |  |  |  |  |
| Assignment Begin Date | **Assignment End Date** | Hourly Rate |  | Hours Per Week |  |  |  |  |

**Detailed Duties** **(required)** to be performed, knowledge, skills and abilities needed to accomplish the work

**Current Department/Duties/Work Schedule (required – 2 to 4 sentences):**

**Payroll Distribution**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | **101210** | **\_\_\_\_\_P\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| Banner Index | Account | Object Code | Amt/% Code | Dist. Amt % | Dis. Start/Dis. End |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | **101210** | **\_\_\_\_\_P\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| Banner Index | Account | Object Code | Amt/% Code | Dist. Amt % | Dis. Start/Dis. End |

**Employee Certification:** I freely and solely, at my own option, agree to perform the work outlined above with the understanding that the total hours worked will not be combined for purposes of determining overtime compensation due on my regular, primary job. I have read and understand the [policy](http://web.uncg.edu/hrs/policymanuals/staffmanual/section3/special_assignment/) governing this action.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee’s Signature Date

**Supervisor Certification:** The signing of this form indicates that I have read and understand the [policy](http://web.uncg.edu/hrs/policymanuals/staffmanual/section3/special_assignment/) governing this action.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Signature Date

**Comment Section**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Department Head/**  **Prin. Investigator** | **Vice Chancellor**  **or Dean** | **Human Resource Services** | **Budget** | **Contracts & Grants** |
| Date  By: | Date  By: | Date  By: | Date  By: | Date  By: |

**\*NOTE: Per** [**policy**](http://web.uncg.edu/hrs/policymanuals/staffmanual/section3/special_assignment/)**, this appointment is not to exceed six months. Exceptions to the six month limit are to be discussed with and approved by the respective HR Program Manager.**

**1 OF** **1**