Please use the following template to describe your EHRA-Non Faculty Temporary Hire or

SHRA Temporary Hire.

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| **1. Position and Department Information** |
| Date: | Click here to enter a date. |
| Department/Division: | Click here to enter text. |
| Requested Position Title/Classification: | Click here to enter text. |
| Employee Class: | Choose an item. |
| Position Classification: | Choose an item. |
| Name of Incumbent (or Vacant): | Click here to enter text. |
| Name of Immediate Supervisor: | Click here to enter text. |
| Job Title of Immediate Supervisor: | Click here to enter text. |
| Supervisor’s Telephone Number: | Click here to enter text. |
| Primary purpose of position:Click here to enter text. |
| **4. Duties and Responsibilities:** *Enter both a percentage and Description in the areas provided below. Total percentage must equal 100%.* |
| **#** | **%** | Click here to enter text. |
| **1** | **%** | Click here to enter text. |
| **2** | **%** | Click here to enter text. |
| **3** | **%** | Click here to enter text. |
| **4** | **%** | Click here to enter text. |
|  | **100%** |  |
| **Please describe the level of discretion and independent judgment:** Click here to enter text. |
| **Please describe the Supervisory responsibilities:** Click here to enter text. |
| **Recommended Hourly Salary: $** Click here to enter text. |
| **Number of hours work per week:** Click here to enter text. |
| **Job Effective Begin Date:** Click here to enter text. |
| **Job Effective End Date:** Click here to enter text. |
|  |
|  |
| **Supervisor Printed Name:** | Click here to enter text. |  |
| **Supervisor Signature:** |  | **Date:**  |

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| **HR Office Use Only** |
| **Exempt** |  |
| **Non-Exempt** |  |
| **Approved Hourly Salary**  |  |
| **Approved Classification Title** |  |