

# Temporary Employment Authorization Form (TEA)

Please complete all sections electronically, then print for signatures.

## Section 1: Position Information

Position Title	
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Department	
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**If this position involves interaction with minors, please contact HR to verify the date of the temporary employee's last background check.**

**Is this temporary position covering a vacant permanent position?** Yes  No

**If yes, provide the position number or name of the incumbent here:**

Job Dates	Job Begin Date:	Job End Date:
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<b>Work Schedule</b> Check <b>only ONE</b>	Full Time 40 Hrs/Wk (1.00) <input type="checkbox"/>	Part Time 30 – 39 Hrs/Wk (.75) <input type="checkbox"/>	Part Time 20-29 Hrs/Wk (.50) <input type="checkbox"/>	Part Time Less than 20 Hrs/Wk (.25) <input type="checkbox"/>	Intermittent 4 Wks or Less/Semester (.10) <input type="checkbox"/>
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Salary Information	\$ _____ /Hour- Webtime Entry Req'd	\$ _____ /Month - Payroll Request Needed	\$ _____ / One-Time Payment - Payroll Request Needed	\$ _____ / Other- Payroll request needed
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**Please provide an estimate of the total expenditure for this assignment here:**

**Check this box to confirm that this temporary employee was and/or will be legally compensated (\$7.25 or more/hr) for their work on this job.**

Additional Requests	One Card? Yes <input type="checkbox"/> No <input type="checkbox"/>	Establish Email Account? Yes <input type="checkbox"/> No <input type="checkbox"/>	Enter Employee in Campus Directory? Yes <input type="checkbox"/> No <input type="checkbox"/>
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Supervisor			
	Printed Name	Approval Signature	Date

## Section 2: Employee Information

Is this a: Renewal  Or New Hire

Legal Name	First Name	Middle Name	Last Name
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Identification	Banner ID/930#	AND	Last 4 Digits SS
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Web Time Entry Approver	Web Time Entry Approver	Web Time Entry Proxy
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**I understand the above individual must complete a Form I-9 on or before the first day of employment. Failure to complete will prolong the hiring process and payments.**

## Section 3: Budget and VC/Senior Staff Approval

Fund	Organization	Account	Program	Position Number	Percent Distribution
		614100			

Budget Officer Approval	Budget Officer Printed Name	Signature	Date
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VC/Senior Staff Approval	Vice Chancellor or Senior Staff Printed Name	Signature	Date
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Submit completed form to: Office of Human Resources, Phillips Hall #108, CPO 1450