UNCSA HUMAN RESOURCES

FORM 401 - TEMPORARY FLAT RATE

SECTION I: EMPLOYEE INFORMATION

☐ **PLEASE INDICATE IF THIS IS A REVISION OF A PREVIOUSLY APPROVED FORM.** _____

☐ **PLEASE CHECK THIS BOX IF THE EMPLOYEE WILL NEED A @UNCSA.EDU EMAIL ACCOUNT** _____

☐ **PLEASE CHECK THIS BOX IF THE EMPLOYEE WILL NEED TO HAVE THEIR PREVIOUS EMAIL ADDRESS RE-ACTIVATED.** _____

Name as it appears on SS Card: _____   Banner ID #: _____

Permanent Address: _____

City _____   State: _____   Zip Code: _____

Please respond to the following questions:

1. Is the individual a current enrolled student (as of the anticipated start date below?)
2. Is the individual a current state employee for a institution or agency other than UNCSA? _____ *** If yes, contact Budget Department for Dual Employment Policy.**

SECTION II: POSITION INFORMATION

Hiring Department: _____   Working Title (Ex: Accompanist, Resident Assist, etc): _____

Position Number/FLAT RATE Employee _____

ANTICIPATED START DATE: _____   APPOINTMENT END DATE: _____

Description of Duties of work to be performed:

_____
_____
_____
_____

JOB FTE: _____   **TOTAL FTE FOR EMPLOYEE (to be completed by HR):** _____

If the Total FTE is .750 (30 hours per week) or more, UNCSA is required to offer benefits (health care) which will be split between employing departments. UNCSA temporary employees cannot exceed an FTE of 1.00 (40 hours per week) across all jobs.

SECTION III: PAYMENT PLAN   **Payment plans always begin on the first of the month and end at the end of the month (ex: June 1 to July 31).**

PAYMENT BEGIN DATE: _____   PAYMENT END DATE: _____

SECTION IV: BUDGET

Requested Payment Account Numbers-Use funds from the following source(s). If funding source is Foundation, please add Project Number in addition to Banner Index. (EX: 312176/00-00000).

Banner Index Number:	Account Number:	Amount:	Percent:
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☐ **PLEASE CHECK THIS BOX IF THIS IS FOR A STUDENT SERVICE STIPEND (WORK-RELATED).**   **Total:** _____   Total %: _____

SECTION V: SIGNATURES

Completed form will be returned to the Originator. Originator will submit all hiring forms as listed on the Temporary Employee Checklist Cover Sheet and submit completed package to HR for payroll processing.

Once form is signed by the Originator it will automatically lock and there will be no modifications allowed.

1. Originator: _____   2. Requesting Dean/ Dept. Head/VC: _____

3. Initial HR Reviewer: _____   4. Budget _____

5. Budget - Other: _____   6. Final HR Approver: _____

FOR HR USE ONLY
PROCESSED: