## **School of Information and Library Science**

## TEMPORARY, INTERMITTANT TEMP, STUDENT ASSISTANT BI-WEEKLY EMPLOYEE WITH TIMESHEETS

Selected Candidate:		
In keeping with the University's any personnel action following of		ortunity Employer, this information will not be used in any decisions affecting hiring or
	Sex:	Ethnic Background:
Citizenship: ( the SILS Human Resources (		rized to work temporarily in the US are required to present their I-766 card to
Appointment Begin Date:_		Appointment End Date:
Salary Source (full account	number):	
Source End Date:		Source Name:
Appointment Type: Please	read and check the	appropriate classification.
Student Assistant: X A Student Assistant position students (full time and part tirenewable as long as the students)	is a temporary positio me) are eligible to hol lent status is maintaine vel of responsibility a	on created for a limited period of time. Only undergraduate and graduate and this title. A Student Assistant may be placed on payroll for a one-year term, ed, funding is available, and the need for the position exists and has been and salary for this position vary widely reflecting the knowledge and skill
(Hourly Rate:  Duties:		Maximum Hours Per Week;
<u> Duties</u> ,		

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Health & Safety Orientation: This employee will be required to attend a one-time Health & Safety Employ Please select one and have the employee follow up appropriately:	yee Orientation based on their work environment.			
<ul> <li>Office environment: New Orientation for Office Env</li> <li>Laboratory environment: New Orientation for Laboratory</li> </ul>	<u> </u>			
To complete this requirement the supervisor should direct the new employee session on line at <a href="http://ehs.unc.edu/training/clinic/clinic.shtml">http://ehs.unc.edu/training/clinic/clinic.shtml</a> , and select eit her/his PID number. If s/he does not know or remember her/his PID number (919) 843-8730.	ither "Office or Laboratory". The employee will no	eed		
APPROVALS:				
Hiring Supervisor Statement of Agreement: I understand that the above named employee mastatus have been reviewed and cleared by the School of Information and Library Science Human		ment		
Signature of Hiring Supervisor	Date	Date		
Project or Department Approval: I approve this hiring and confirm that funding is available to	to support this temporary position.			
Signature of PI, if grant funds	Date			
Signature of Chair, Director, Dean, if non-grant funds	Date			
Financial Services Review: I have reviewed and certify the funding source is correct and fundi	ling is available to cover this request.			
Signature of Financial Services Representative				
A C C E P T A N C E •				

Temporary Employee Statement of Agreement: I accept this temporary employment and the terms noted. I understand that the hiring supervisor or myself may terminate this position on an At-Will basis. I also understand that I may not begin work until my employment papers and employment status have been reviewed and cleared by the School of Information and Library Science Human Resources Department.

Signature of Temporary Employee		Date