

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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Work Schedule Check only ONE	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	\$ _____ / One-Time Payment	\$ _____ / 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	<small>Printed Name</small>	<small>Approval Signature</small>	<small>Date</small>
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Section 2: Employee Information

Is this a: Renewal Or New Hire

Legal Name	<small>First Name</small>	<small>Middle Name</small>	<small>Last Name</small>
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Identification	AND	<small>Last 4 Digits SS</small>
	<small>Banner ID/930#</small>	

Web Time Entry Approver	<small>Web Time Entry Approver</small>	<small>Web Time Entry Proxy</small>
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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	<small>Budget Officer Printed Name</small>	<small>Signature</small>	<small>Date</small>
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VC/Senior Staff Approval	<small>Vice Chancellor or Senior Staff Printed Name</small>	<small>Signature</small>	<small>Date</small>
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Submit completed form to: Office of Human Resources, Phillips Hall #108, CPO 1450