

**UNC Asheville  
TEMPORARY EMPLOYEE AUTHORIZATION (TEA) FORM**

**SECTION I - POSITION INFORMATION FROM HIRING DEPARTMENT**

Position Title					
Department					
Brief Job Description. Add second sheet if necessary.					
Is this position subject to Policy #149: Programs & Activities Involving Minors on Campus?	Check One: Yes    No    If <b>YES</b> , contact HR to confirm date of last background check				
Job Assignment Period	Job Begin Date:		Job End Date:		
Work Schedule <b>CHECK ONE ONLY</b>	Full Time 40 Hrs/Wk (1.00)	Part Time 30 – 40 Hrs/Wk (.75)	Part Time 20-29 Hrs/Wk (.50)	Part Time Less than 20 Hrs/Wk (.25)	Intermittent 4 Wks or Less /Semester (.10)
Salary Information	\$ _____ /Hour Webtime Entry required				
Additional Request	One Card?    Yes    No	Establish Email Account?    Yes    No	Enter Employee in Campus Directory?    Yes    No		
Supervisor					
	Printed Name		Approval Signature		Date

**SECTION II - EMPLOYEE INFORMATION: INITIAL HIRE OR RENEWAL**

<b>Attention Hiring Supervisor:</b>	If this is a UNC Asheville permanent employee, DO NOT USE THIS FORM. Please complete the "Supplemental Assignment Form" and submit to Human Resources.				
Legal Name	First Name		Middle Name	Last Name	
Home Address--No PO Boxes	Street Address				
	City		State	Zip	
University Address - <b>Required</b>	Room / Building		CPO	Campus Phone	
Identification	Banner ID Number		AND	Last 4 Digits SSN	
Web Time Entry Approver/Proxy	Web Time Entry Approver		Web Time Entry Proxy		
Is there an <a href="#">I-9 Form</a> on File?	I understand the above individual must complete a Form I-9 on or before the first day of employment.				
Has candidate completed a UNC Asheville application for Temporary Employment?	Yes	No			
<a href="#">Consent for Release of Information Form</a> completed?	Yes	No			

**SECTION III – BANNER BUDGET INFORMATION**

Fund	Organization	Account	Position Number	Percent FTE	Supervisor ID
Budget Officer Approval	Budget Officer Printed Name		Signature	Date	

**SECTION IV – SENIOR STAFF APPROVAL**

Vice Chancellor Approval	Vice Chancellor Printed Name	Signature	Date
--------------------------	------------------------------	-----------	------

**Processed by Human Resources:**

HR Date:	OA Cat:	HR Signature:
----------	---------	---------------

**\*\* PLEASE ATTACH THE AMERICANS WITH DISABILITIES ACT (ADA) PHYSICAL EFFORTS CHECKLIST TO THIS FORM.**

Submit completed form to: Human Resources, Phillips Hall #228