

### Request for Employee Posting/Hiring Authorization

All staff hiring actions (permanent or temporary, part or full-time) must be pre-approved by the President. This approval must take place prior to advertising for the position or extending an offer of employment.

Please complete this form in its entirety. A decision to permit a hire for the vacancy will be made by the President, at his sole discretion, based on consideration of the information provided below.

Department: <input style="width: 95%;" type="text"/>	Title of Position: <input style="width: 95%;" type="text"/>
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1. Is this position fully funded?  Yes  No

2. Source of Funds:  Dept. Funds  Foundation Account  Grant  Other

Explain:

3. Position Type:  Permanent (FTE)  Full-Time Temporary  Part-Time Temporary

3A. If this is a Permanent (FTE), does the line currently exist?  Yes  No

3B. If Position is permanent - attach current **Position Description**  
 3C. If Position is temporary - provide an attachment containing: 1) primary responsibilities; 2) minimum requirements; 3) supervisory responsibilities; 4) salary requirements; and 5) name of supervisor

4. Is filling the Position critical for one or more of the following?

<input type="checkbox"/> Accreditation	<input type="checkbox"/> Regulatory Compliance	<input type="checkbox"/> Health or Safety Needs of the College Community	<input type="checkbox"/> Other Purpose of Similar Importance
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If Other, Explain:

5. Is this replacing an existing position?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes: Previous Employee Name:	Previous Pay Rate:	How long has position been vacant?
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Explain:

6. Is this a new and temporary need?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, list # of hours per week needed:	Anticipated Duration of Employment:
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7. If this position is not filled, how will the College unit perform the responsibilities and duties of the position?

Explain:

8. What, if any, negative financial or other consequences would result if the College did not approve of this hire request?

Explain:

9. Additional  
Comments:

	Date
Printed Name: <input style="width: 90%;" type="text"/>	
Title: <input style="width: 90%;" type="text"/>	

**MANAGEMENT ATTESTATION**

**TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL OF THE INFORMATION CONTAINED ON THIS FORM IS TRUE AND ACCURATE IN ALL MATERIAL RESPECTS. I APPROVE OF THIS RECOMMENDATION.**

Department Head/Chair: \_\_\_\_\_ Date \_\_\_\_\_

Dean/Vice President: \_\_\_\_\_ Date \_\_\_\_\_

Executive Vice President: \_\_\_\_\_ Date \_\_\_\_\_

Executive Vice President Business Affairs: \_\_\_\_\_ Date \_\_\_\_\_

<b>Final Action by the President</b>	<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	<input type="checkbox"/> Table for Further Consideration
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President: \_\_\_\_\_ Date \_\_\_\_\_

Request for Employee Posting/Hire Authorization Attachment: Question 3B and 3C

**College of Charleston**

**Position Description For All Temporary Appointments Excluding Adjunct Faculty  
(Not To Be Used For Student Hires)**

From: \_\_\_\_\_ Department: \_\_\_\_\_

Name: \_\_\_\_\_ Direct Supervisor: \_\_\_\_\_

Position/Title: \_\_\_\_\_

A. Primary Duties: Briefly describe the primary duties/job functions of this position.

B. Describe the level of discretion and decision-making required of this position, please include examples.

C. Level of Education/Special Skills/Training/Certification required for this position.

D. Number of Employees Position Supervises:

Staff/Classified Employees	Full-time	_____	Part-time	_____
Temporary/Student Employees	Full-time	_____	Part-time	_____

Supervisor's Signature: \_\_\_\_\_

## COLLEGE OF CHARLESTON

### Temporary Appointments

(Excluding Adjunct Faculty and Student Hires)

Dept. Name \_\_\_\_\_ Dept. Ext. \_\_\_\_\_ Supervisor: \_\_\_\_\_

**Important Instructions and Reminders:**

1. **Temporary appointment may not exceed twelve (12) months.**
2. New hires must report to HR **on or before their first day of employment** with documents to verify employment eligibility. I-9, E-Verify and a criminal background check must be completed successfully to be eligible for employment.
3. Human Resources must be notified immediately if this appointment is cancelled prior to the established end date.
4. There is a lag time for payments of services for non-exempt temporary employees. Refer to payroll schedule and dates on time reports to determine pay dates. Actual time in/out must be recorded for hourly employees to receive compensation.
5. Attach a position description, to include duties, supervisory role, budget accountability, and type of decision making (if any).

**\*Under the Affordable Care Act, certain temporary employees who average 30 hours or more per week will be eligible for health care coverage beginning in January 2015. In order to accurately determine eligibility it is extremely important that you accurately predict the number of hours the temporary employee is likely to work per week. Do not overestimate hours. In addition, it is extremely important that you notify HR immediately if there is a significant change in the employment status of a temporary employee (e.g. significant increase or decrease in hours or cancellation of appointment by resignation or termination).**

CWID/SSN #:

Name:		Position/Title:	
Mailing Address:		Charge To (Budget #):	
City/State:		Job Location:	
Home Telephone: E-Mail Address		Work Telephone:	
Hourly Rates:	Hours/Week (*See above)	<b>**Seasonal Employee</b> Yes      No	Requested Dates of Employment: FROM: _____ TO: _____  HR Authorized Start Date: _____

**\*\*A seasonal employee is an employee who is hired for a period of less than 6 months where the work performed is the kind typically performed at certain seasons or periods of the year.**

Does this appointment constitute Dual Employment by the State of South Carolina? NO \_\_\_ YES \_\_\_  
 IF yes, specify the **state agency** (K-12 schools, city or county gov't do not apply) \_\_\_\_\_

Has this employee previously been employed by the College of Charleston, or any city, county, or state government agency in South Carolina? NO \_\_\_ YES \_\_\_ If yes, where: \_\_\_\_\_

\_\_\_\_\_  
Date Department Head

\_\_\_\_\_  
Date Vice President/Dean

\_\_\_\_\_  
Date EVP or Provost

\_\_\_\_\_  
Date Budget

\_\_\_\_\_  
Date President

\_\_\_\_\_  
Date Vice President Human Resources