



Request for Casual Temporary Employee Form

Section I: To Be Completed by Hiring Manager

EMPLOYMENT TYPE:

New Hire

Extension

Rehire

Replacement

If Replacement, provide the name(s) of terminated employee, effective date, and MC ID#.

DEPARTMENT INFORMATION:

Hiring Manager's Name:

Title:

Department:

Phone Number/Ext.:

Email:

POSITION AND CANDIDATE(S) INFORMATION:

Job Location:

RV

TP/SS

GT

GBTC

off Campus

CT

Candidate's Name: _____ Candidate's MCID#: _____

Position Title: _____

Timesheet Approver: _____

Justification and list of job responsibilities and qualifications: *(Attach additional documents if needed)*

Suggested Salary: \$ _____

As of July 1, 2018, the new compensation schedule will apply to temporary positions.

Begin Date: _____

End date: _____

FY: _____

Q1 (7/1- 9/30)

Q2 (10/1 – 12/31)

Q3 (1/1 – 3/31)

Q4 (4/1 – 6/30)

Example:

Account Number (FOAP)	Rate of Pay	Hrs./Wk.	Total Hours	Total Salary
1110-00000-5302-0000	\$13.00	20	240(12wks x 20 hrs)	\$3120 (240x13.00)

Account Number (FOAP)	Rate of Pay	Hrs./Wk.	Total Hours	Total Salary

Signature of Hiring Manager (HM): _____ Date: _____

Signature of HM's Supervisor: _____ Date: _____

Please send this request to the appropriate budget office for approval using the email below. Also, be sure to copy the HR Recruiter to the email for a follow up response.

Linda Hickey or Helen Dong: Budget@montgomerycollege.edu

For WD&CE: Cathy Giovannetti: Catherine.Giovannetti@montgomerycollege.edu

Section II: To Be Approved by Appropriate Budget Office

Approved

Denied

Signature of Approver: _____ **Date:** _____

Comment(s):

Section III: To Be Approved by HRSTM

Approved

Denied

Signature of Approver: _____ **Date:** _____

Comment(s):

FOR HRSTM USE ONLY:

HR Associate/Recruiter: _____ **Date:** _____

Workday Requisition Number: _____

Comment(s):