

Temporary Hourly Appointment

Complete this form after successful background check has been completed.



HR Partner Use Only					Payroll Use Only					
Form Data										
Form Type		Prepared By			7-Digit Phone		Date			
Campus		Deadline: Once all required signatures have been obtained, completed form can be faxed to Payroll 561-3456 or emailed to payroll@maine.edu at least two business days prior to effective date.								
Department										
Employee Information										
Prefix	First Name (Legal)		Middle I	Last Name (Legal)		Suffix	MaineStreet ID	Job Record		
Home Address, City, State, Zip					List all Former Legal Names (required if no MaineStreet ID provided)					
Campus Address (check here if working outside Maine <input type="checkbox"/>)			Campus Phone	Email		<input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth (mm/dd/yyyy)		
Job Information										
<input type="checkbox"/> New Hire <input type="checkbox"/> Rehire <input type="checkbox"/> Replaces Current Job <input type="checkbox"/> Concurrent Job										
Work Start Date	Work End Date	Recurring Appt?	Position #	Job Code	Avg Hours Per Week	Hourly Rate				
Position Title			Reports to Position #	Reports to EmplID	Reports to Name					
Please describe essential duties of this position. A job description may be attached.										
Special work assignments, conditions or physical requirements (e.g. lifting, travel, chemicals, etc.).										
Please check if this employee will be paid either in part or full from a federal contract with the E-Verify clause: <input type="checkbox"/>										
Earnings Distribution										
Payroll Start Date	Payroll End Date	Accounting ID	Dept	FC	Account	Clas	Program	Project	Oper Unit	%
Authorizing Signatures										
We have reviewed the information above. The recommended payment for the work is appropriate.										
					Date	Print/type Name				
					Date	Print/type Name				
					Date	Print/type Name				
					Date	Print/type Name				
Employee Acceptance of Terms										
My signature below certifies my personal information above is accurate and that I accept the terms and conditions of this employment and have read and understood the information on the Temporary Hourly Employee Supplemental Notice. Any false or misleading information provided in the employment process, or in the verification of eligibility to work, may lead to dismissal of my employment.										
Employee Signature									Date	

Temporary Hourly Employee Supplemental Notice

Terms of Employment: The following describes important policies affecting your employment. Please review this information carefully. *All offers of employment are contingent upon successful completion of pre-employment background screening.* Page one documents the terms and conditions of your temporary employment. Assignments are made by the appropriate administrator. Changes in an official assignment may be made in the event of unusual or unforeseen circumstances and may be adjusted or retracted at any time due to lack of work or enrollment, or budgetary or programmatic reasons. Contact your supervisor or Human Resources if you have any questions or concerns. *Your signature on the front of the TSEA form indicates your acceptance of the terms and conditions of your temporary employment.*

Employment Forms: By law, new University employees are required to verify their eligibility for employment by completing Form I-9 on their first day of work. A social security card and a driver's license are examples of documents that may be used for this verification.

Payroll: If you have had prior employment with the University, you will need to re-verify your payroll status (e.g. tax withholding status, direct deposit account numbers, etc.) via MaineStreet Employee Self-Service (mainestreet.maine.edu). **The University of Maine System requires that all employees receive their paycheck via direct deposit.** Hourly employees are paid biweekly.

Benefits: In accordance with the Patient Protection and Affordable Care Act (PPACA), temporary employees who work 30 or more hours per week are eligible to participate in UMS health insurance. There is a 90-day waiting period before coverage automatically becomes effective with the cost of coverage automatically deducted unless you specifically waive coverage.

Effective January 1, 2021, temporary employees will earn one (1) hour of Maine Earned Paid Leave (Personal Leave) for every 40 hours worked.

For additional information, contact the Employee Benefits Center at www.maine.edu/benefits, benefits@maine.edu or 973-3373.

Sexual Harassment Policy: University policy prohibits sexual harassment of either employees or students. A copy of this policy will be sent to you upon request. Any employee or student who violates this policy will be subject to disciplinary action. For additional information on your rights under this policy and the channels for reporting concerns related to sexual harassment, contact the Office of Equal Opportunity.

Tobacco-Free Campus: The University of Maine System has tobacco-free campuses. This policy applies to faculty, staff, students, contractors, vendors and visitors. The use of tobacco and all smoking products is not permitted on any university-owned property, which includes but is not limited to, buildings, university grounds, parking areas, walkways, recreational and sporting facilities and university-owned vehicles. Tobacco use by definition includes the possession of any lighted tobacco products, or the use of any type of smokeless tobacco.

Accommodations: The University of Maine System provides reasonable accommodations for qualified individuals with disabilities. Requests for accommodation should be directed to the Office of Equal Opportunity. The University's conflict of interest policy outlines both the obligation of employees to talk to their supervisors about potential conflict situations and the University's responsibility to respond promptly to these situations. A copy of this policy will be sent to you upon request.

Anti-Discrimination: In complying with the letter and spirit of applicable laws and pursuing its own goals of diversity, the University System shall not discriminate on the grounds of race, color, religion, sex, sexual orientation, including transgender status or gender expression, national origin, citizenship status, age, disability, or veteran's status in employment, education, and all other areas of the University. Questions and complaints about discrimination in any area of the University should be directed to the Office of Equal Opportunity.

General Instructions

For additional information, visit <https://gojira.its.maine.edu/confluence/display/HumanRes/Forms>

1. **Form Name: Temporary Hourly Appointment Form**

2. **Revisions:**

- 1/2021- Added Maine Earned Paid Leave and changed amount fields; fixed default on recurring appointment field
- 2/2019 added new field to indicate if work is expected to reoccur within 12 months of Work End Date.
- 04/2018 text indicating USM approval not required on form was removed, updated instructions for job status, end date, position number, average hours per week.

3. **Purpose:** Use this form to submit hire paperwork for a new temporary hourly employee appointment. If this form is for a new employee to UMS, an Individual Data Sheet is also required. Form I-9 may be submitted separately after it is completed.

4. **Required Fields:** Enter all information that needs to be added/updated in MaineStreet. Form fields preceded by | are required fields; missing required information will be considered incomplete and returned to preparer.

5. **HR Partner Use Only and Payroll Use Only:** space used by HR staff to enter review and approval notes

6. **Deadlines** for completed forms to be received by Human Resources. Items received after the deadline may or may not be completed in time for a current pay cycle. **For biweekly-paid employees, the deadline is AS SOON AS POSSIBLE, but no later than 2 business days prior the effective date of the action.**

7. **Submission Methods:** Send completed forms (including with all required signatures) to HR/Payroll as follows:

- **Fax to 561-3456:** This fax number transmits the form directly to ImageNow where payroll will link to the employee and move to appropriate data entry queue. This submission method is the most secure for protecting personal information.
- **Email to payroll@maine.edu:** Completed form is sent via email attachment. Per Administrative Practice Letter – Employee Protection of Data, Social Security Numbers are not advised to be shared via email. If fax is not available and form with SSN is sent via email, Payroll will print the form to ImageNow and then the email will be deleted to safeguard the employee's information.
- **Campus Mail:** Send via campus/USPS mail to UMS Payroll, 65 Texas Avenue, Bangor ME 04401. When received, the form will be faxed to ImageNow for processing.

Form Data

8. **Form Type:** This field will help determine duplicate forms. Select from the dropdown as follows:

- a. **Original:** if this is the first rendition of the form sent to Payroll;
- b. **Revised:** if this form includes corrected information compared to the Original form already submitted to Payroll.

9. **Campus:** Select from dropdown the campus initiating the action.

10. **Department:** up to 6-character HR department ID with the first letter representing the campus (A=UMA, F=UMF, K=UMFK, M=UMM, O=UM, P=USM, I=UMPI, S=Univ Svcs). HR department ID's can be found on the Basic Employee Information page (University of Maine System > HRMS > Review HRMS > Basic Employee Information)

11. **Prepared By:** name of person completing the form

12. **Phone:** 7-digit telephone number where the preparer can be reached during working hours

13. **Date:** date the form is prepared

Employee Information

14. Prefix, First Name, Middle I, Last Name and Suffix: Enter employee's legal name
a. Additional Names: notify HR of a different preferred name (legal name will display in HR pages and preferred name will be shared with other UMS applications such as Blackboard, etc.)
15. MaineStreet ID: Enter employee's 7-digit MaineStreet ID
16. Job Record: Employees may have multiple jobs with UMS. If applicable, enter the appropriate job/employment record number.
Contact Information
17. Campus Address: Address used for campus mailings and directory
18. Campus Telephone Number: Enter campus telephone number used for PeopleSearch directory
19. Email: Enter email address
20. Gender: Enter gender
21. Date of Birth: Enter date of birth
Job Information
22. Status:
• New Hire: select this option if new to the University of Maine System
• Rehire: select this option if previously employed by the University of Maine System but is now terminated
• Replaces Current Job: select this option if the employee is currently employed in another position and is expected to <u>not</u> continue in that position
• Concurrent Job: select this option if the employee is currently employed in another position and is expected to continue in that position
23. Work Start Date: enter the start date of the temporary appointment.
24. Work End Date: enter the expected end date of the temporary appointment. Any changes must be submitted on a Personnel Data Change Form.
25. Recurring Appt? Select from drop-down; select yes if employee expected to return to work within 12 months from Work End Date. If yes, job will not be terminated.
26. Position Number: 8-digit position number assigned to the department used for temporary pay; department, location, temporary/regular and other job data will default from position.
27. Job Code: job code determines title displayed
28. Average Hours Per Week: enter the approximate/average hours expected to work each week; required for compliance purposes (i.e. Maine Earned Personal Leave, FMLA, Affordable Care Act, etc.); also impacts encumbrance calculations
29. Hourly Rate: Hourly employees (non-exempt) must report hours worked via Timesheet and be paid by hourly rate
30. Position Title: Enter the title if different than the default position title
31. Reports To Position #: Enter the position number of the employee that this new position will report to.
32. Reports To EmplID: enter employee ID of supervisor
33. Reports To Name: Enter the name of the employee that this new position will report to. (must match position number default reports to.)
34. Describe essential duties of this position: provide information on the essential duties of this position.
35. Special work assignments/requirements: provide information on any special accommodations, requirements of this position.
Earnings Distribution
36. Payroll Start Date: Enter the effective date of the change/addition. If payroll has already been processed since the start date, retroactive adjustment will be processed.

37. Payroll End Date: Enter an end date if necessary. Note that this end date will not stop the employee from receiving pay. If the employee continues to get paid after this date, it's important to submit a new Earnings Distribution Form to avoid suspense activity. This date will also impact encumbrances.
38. Accounting ID: 10-digit combocode used by HR
39. Dept: 8-digit department code for GL
40. FC: 2-digit fund code
41. Acct: 5-digit earnings account code for GL. The account code should be based on the earnings type and will determine the fringe rate applied. Reference Earn Code List.
42. Class: class code if necessary
43. Program: program code if necessary
44. Project: project code if necessary
45. Oper Unit: operating unit if necessary
46. %: if entering multiple distribution lines, all lines must add up to 100% for each earn code. In most cases this will be one line and the percent 100%. If you need to charge this additional pay to multiple budget accounts, grants, projects, etc. you may detail on other lines on this form and detail how the pay should be distributed (75/25%, 50%/50% or even further breakdowns. The total should be 100%)
Authorized Signatures Signatures required will vary by type of action and campus/departmental needs. Generally, a financial manager signature is required on all forms with changes in salary.
47. Department Head/Supervisor: signature, date and typed/printed name of supervisor or department head
48. Director/Chair: signature, date and typed/printed name if appropriate
49. Dean/Financial Manager: signature, date and typed/printed name if appropriate
50. Vice President/Provost: signature, date and typed/printed name of financial manager
Employee Acceptance of Terms Employee signature required after reading the attached supplemental notice and to agree to the terms.
51. Employee: The employee must sign to attest receipt of the information on page 2 of the form.