

# SUMMER CAMP



## TEMPORARY EMPLOYEE Appointment Form

**If not typed, use black or blue ink on white paper only.**

Prepared By _____	Phone _____	Date _____
<input type="checkbox"/> IDS	<input type="checkbox"/> W-4/ W-4 ME	<input type="checkbox"/> EEO Form* *If required
<input type="checkbox"/> I-9 with ID copies	<input type="checkbox"/> Direct Deposit*	

Completed forms must be attached or received by Payroll/HR to create an employee record and produce a paycheck.

**Deadlines for completed original to Human Resources:**  
 Monthly paid employees - prior to employee's start date or the 10<sup>th</sup> of the month, whichever occurs sooner.  
 Biweekly paid employees - at least two business days prior to employee's start date.

Start Date      /      /      End Date      /      /       Bi-Weekly  Monthly \*Highlighted Fields MUST be completed

Personal Data (Refer to IDS for Additional Information)					
Prefix	First Name	Middle I	Last Name	Suffix	PeopleSoft Employee ID #

Job Information						
Hours worked per week	Department <b>O-ATH</b>	Supervisor Name or ID #		Job Code <b>3999</b>	Installments	
Total Salary \$	Comp Rate <input type="checkbox"/> Monthly Rate <input type="checkbox"/> Hourly Rate \$		Campus Address <b>Memorial Gym</b>			
Comp Rate (If equal installments list below only once.) (For professional positions paid in <b>unequal</b> installments, please list.)						
Month One \$	Month Two \$	Month Three \$	Month Four \$	Month Five \$	Month Six \$	Month Seven \$
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.).						
Title						

Earnings Distribution						
Dept	Earn Code	Start Date	End Date	Account #	Object Code	Distribution Percent
OATH	001				240	100 %
						%
						%
						%
						%
(Please add more distribution lines on reverse side, if needed.)					<b>Total</b>	<b>100%</b>

My signature below certifies that I accept the terms and conditions of this employment and have read and understood the information on the Temporary 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 Date

_____	_____
Initiating Office <span style="float: right;">Date</span>	Approved <span style="float: right;">Date</span>
_____	_____
Recommended <span style="float: right;">Date</span>	Human Resources <span style="float: right;">Date</span>

Previous University Employee?  Yes  No OR Previous University Student?  Yes  No  
 Have you worked at UMaine in the last 12 months?  Yes  No If no, please complete payroll packet.

To: The Individual Recommended for Employment

The following describes important policies and procedures affecting your employment. Please review this information carefully.

The front side of this page documents your temporary employment as recommended by the department. Assignments shall be made by the appropriate administrator. Changes in an official assignment may be made in the event of unusual or unforeseen circumstances. Assignments may be adjusted or retracted at any time due to lack of work or enrollment, or budgetary or programmatic considerations. Contact your supervisor with any questions about your work assignment.

*By law, new University employees are required to verify their eligibility to accept employment within **THREE** business days of 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 which must be completed in Payroll (134 Corbett Hall). If you have had prior employment with the University, you will need to re-verify your payroll status(e.g. tax withholding, bank account numbers, etc.) with the Payroll Office. Your salary will be directly deposited to the bank(s) of your choice. Temporary employees are not eligible for benefits such as insurance, annual and sick leave, or tuition waiver.*

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, at 581-1226.

The University of Maine provides reasonable accommodations for qualified individuals with disabilities. Requests for accommodation should be directed to Kathleen Bell, Employee Health and Benefits Manager, at 581-2366. 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.

The University of Maine's Annual Security Report includes statistics on reported crimes that have occurred on or near campus, as well as University policies concerning campus security. Copies of the report are available upon request from the Director of Public Safety, Mail Service, The University of Maine, 5761 Keyo Public Affairs, Orono, ME, 04469-5761, by calling (207) 581-4048, or by accessing the following website: [www.umaine.edu/security](http://www.umaine.edu/security).

If you have any questions or concerns regarding the terms or conditions of your employment, contact your department chairperson, dean/director or Human Resources at 581-2359. Please sign the front of this form to indicate your acceptance of the above terms and conditions of this temporary employment and return this form to Human Resources. *Payment cannot be initiated until this signed form is returned to Human Resources. The payroll deadline is the 10th of the month in which payment is to occur. Professional employees are paid on the last working day of the month.*