

Carbondale Campus End User Instructions FORM – Notice of Extra Help Civil Service Appointment

Use: To appoint an individual to an extra help civil service position and to

indicate the ending date of the appointment. Human Resources will use

information on this form to enter the employee in the AIS Human

Resource Management System (HRMS) and to terminate the appointment

on the ending date specified.

Access: Obtain necessary form(s). Electronic forms are available through the

eforms website *eforms* http://eforms.siu.edu/siuforms/info/hro5004.html

Instructions: Complete the form using the following instructions. Unless noted, all fields

are **REQUIRED**.

Section 1: To be completed by the hiring unit. Please consult with Human

Resources regarding the classification, Fair Labor Standards Act status and salary basis of the position if you are unsure of the

appropriate response.

Type of Hire Indicate whether the individual being selected is a:

New hire

Rehire

Name Last, first, and middle name of the individual being appointed.

Social Security Number Social security number of the individual being appointed.

Effective Date(s)

Beginning Date Date the appointee will begin working in the position. (Date

format DD Mmm YYYY)

Ending Date Anticipated ending date of the appointment. (Date format DD

Mmm YYYY)

Mailcode where the appointee will receive campus mail.

Campus Phone Number

Campus phone number of the appointee.



Major Reporting Unit

Mark the major organizational reporting unit for the position. This does not necessarily correspond to the physical location of the position.

- Carbondale
- Edwardsville
- School of Medicine Springfield
- School of Medicine Carbondale
- President's Office
- University-wide services

Position ID Leave blank. Human Resources will enter this information.

Classification (Job) Mark the extra help employment category of the position to which

the individual will be appointed.

- Clerical/secretarial
- Skilled crafts
- Technical/paraprofessional
- Professional/nonfaculty
- Service/maintenance
- Executive/administrative/managerial

Department (Organization)

Name of the department where the appointee will be employed.

Building (Location) Building of the appointee's office or workspace.

Room number of the appointee's office or workspace.

Name of Supervisor Name of the person who will directly supervise the appointee.

Salary Basis Mark the salary basis for the position.

- Monthly exempt
- Monthly nonexempt
- Fiscal standard rate (37.5 hr/wk)
- Fiscal forty rate (40 hr/wk)
- Fiscal prevailing rate

Percentage of Time (FTE)

Percentage of time the appointee is to work per week.

Hourly Rate or Full-time Equivalent Monthly Salary

Rate of pay for the appointee and whether the rate is hourly or monthly. For a monthly salary, indicate the full-time equivalent rate. HRMS will calculate the actual rate by multiplying the full-

time equivalent salary by the FTE.

FLSA Mark whether the position is exempt or nonexempt under the Fair

Labor Standards Act.



Other Terms and Conditions of Employment

Residency Required for the Convenience of the University

Check the box if the individual is required to reside at the work

site for the convenience of the University

Other(specify) Check the box and specify any other special terms and conditions

of employment.

AIS Budget Description AIS budget description.

AIS Proportions Percent of the specified individual's salary to be paid from each

AIS account listed. The total of account proportions must equal

100.

AIS Fund AIS fund to be charged.

AIS Unit AIS unit to be charged.

AIS Budget Purpose AIS budget purpose to be charged.

AIS Department Activity 1

Optional, the AIS department activity 1 to be charged. If no value

is provided, the default value of '00000' will be assigned.

AIS Department Activity 2

Optional, the AIS department activity 2 to be charged. If no value

is provided, the default value of '00000' will be assigned.

AIS Function AIS function to be charged.

AIS Natural Account AIS natural account to be charged. Choose either:

50000 (an account with a line item expenditure budget)
60000 (an account with a people expenditure budget)

• 60000 (an account with a pooled expenditure budget)

Section 2: To be completed by the extra help appointee upon acceptance of

the position.

Are you receiving retirement benefits from any State of IL Retirement System?

Check yes if the employee is receiving retirement benefits from

any State of Illinois Retirement System.

Home Phone Appointee's home phone number, including area code.

Mark whether the appointee is single or married



Gender Mark whether the appointee is male or female.

Place of Birth

City where the appointee was born.

State State where the appointee was born.

Country Where the appointee was born.

Citizenship Mark the appropriate category of citizenship status.

Native born

Naturalized

Not U.S. Citizen

Visa Classification Mark the category of Visa held by the individual.

• F-1

• H-1

• H-2

• J-1

PR

Other

Expiration Date The expiration date of the Visa held by the individual. (Date format

DD Mmm YYYY)

Person to Notify in Event of an Emergency

Name First and last names of the individual who should be contacted in

the event of an emergency.

Relationship Relationship of the emergency contact to the employee.

Address Street address, city, state and zip code for the emergency

contact.

Phone number Area code and telephone number for the emergency contact.

Criminal History - Convicted of a Misdemeanor

Mark whether the appointee has ever been convicted of a

misdemeanor.

Criminal History - Convicted of a Felony

Mark whether the appointee has ever been convicted of a felony.

If the answer to either question is yes, please explain

If convicted of either a misdemeanor or a felony, provide an

explanation.



Name and Social Security Number

Leave blank. This information will be filled in with the Name

information provided on page 1.

Race/Ethnicity Mark the appointee's ethnic origin.

White, not of Hispanic originBlack, not of Hispanic origin

Asian or Pacific Islander

American Indian or Alaskan Native

Hispanic

Educational Loans Mark whether the individual is in default on the repayment of an

educational loan.

Disability Status The individual may report whether or not he or she has a

disability.

U. S. Military Experience

Mark whether the individual served in the U. S. military.

Branch of Service If the individual served in the U. S. military, the branch of service.

Date Entered Service

The date the individual entered the service.

Date Discharged The date the individual was discharged from the service

Special Disabled Veteran

Mark whether the individual is entitled to disability compensation or was discharged from active duty due to a service-connected

disability.

Veteran of the Vietnam-era

Mark whether the individual served more than 180 days active

duty between 28 Feb 1961 and 07 May 1975, and was

discharged or released with other than a dishonorable discharge.

Other Veteran Mark whether the individual served on active duty during a war or

in a campaign or expedition for which a campaign badge has been authorized and if yes, the campaign or expedition and

badge or medal received.

Appointee's Signature Signature of the individual being appointed to the position and

date signed. (Date format DD Mmm YYYY)

Administrative Approvals Section:



Chair/Fiscal Officer Signature of Chair/Fiscal Officer and date signed.

Dean/Director Signature of Dean/Director and date signed.

Vice Chancellor/Provost or Chancellor

Signature of Vice Chancellor/Provost and date signed.

Employee ID Leave blank. This number is entered by Human Resources.

Human Resources Representative's Signature

Signature of Human Resources representative and date signed.

Special Notes:

For extra help appointments, this form serves the same purposes as the *Employment Application, Request to Create/Fill a Position*, and *Personal and Professional Data* forms. Therefore it is not necessary to complete any of these forms.

Signature requirements vary from responsibility area to responsibility area. Consult with your responsibility area head to determine signature requirements.

The hiring unit should make two copies of the completed *Notice of Extra Help Civil Service Appointment* form. One copy is for departmental records. The other copy should be given to the appointed individual as official notification of his/her appointment to the position and of the terms and conditions of that appointment.

The individual's appointment will automatically be terminated on the ending date specified in the 'Effective Dates' section of the form. It is not necessary to process a *Change of Assignment, Title or Conditions of Assignment for Civil Service Staff* to end the appointment. However, the individual's appointment may not extend beyond the ending date specified in the 'Effective Dates' section of the completed form. If the individual's employment must be extended beyond the date indicated, you must complete a *Change of Assignment, Title or Conditions of Assignment for Civil Service Staff* to change the ending date.

Under the State Universities Civil Service statute and rules extra help appointments are limited to no more than 900 hours of work. It is the responsibility of the hiring unit to insure that this limit is not exceeded.

Routing:

Print this form, acquire the appropriate signatures, and mail it to: Human Resources, MC 6520.