

Name of Employee \_\_\_\_\_  
Last Name First Name

Last 4 digits of Social Security No. \_\_\_\_\_ or Employee ID \_\_\_\_\_

Memo To:

From:

Department:

Date:

Subject: **Extra Help Explanation/Justification**

I am requesting the use of an extra-help appointment. I understand the appointment must meet the following conditions:

- the work will be casual or emergent in nature
- the amount of time for which the services are needed is not usually predictable
- payment for the work will be made on an hourly basis
- the work cannot readily be assigned on a straight-time or an overtime basis to a status employee
- the extra-help position may be utilized for a maximum of 900 hours of actual work in any consecutive twelve (12) calendar months
- if the position accrues 900 hours, the position must be terminated and cannot be reestablished until six (6) months time has elapsed from the date of termination

List major duties:

- 1.
- 2.
- 3.
- 4.
- 5.

The extra help appointment will be: (check one)

- |  |   |
|--|---|
| <input type="checkbox"/> Extra Help Clerical/Secretarial     | <input type="checkbox"/> Extra Help Service/Maintenance                   |
| <input type="checkbox"/> Extra Help Professional Non Faculty | <input type="checkbox"/> Extra Help Technical/Paraprofessional            |
| <input type="checkbox"/> Skilled Crafts                      | <input type="checkbox"/> Extra Help Executive, Administrative, Managerial |

The extra help appointment is being created to: (check one)

- Replace an existing status position while an employee is on leave  
Name of Employee \_\_\_\_\_ Classification \_\_\_\_\_
- OR**
- Help with work overload, peak period, special project, etc.

(Check one)

- I am recommending the following candidate for this position: \_\_\_\_\_
- Please refer \_\_\_\_\_ (number ) candidates for an interview for this position.

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**(TO BE COMPLETED BY EMPLOYMENT SERVICES)**

Name of Employee \_\_\_\_\_ Positon Number EH \_\_\_\_\_

Acceptable/Qualified  Not Acceptable/Not Qualified  Typing Skills Test \_\_\_\_\_ wpm (if applicable)

Beginning Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_

Hours Worked: \_\_\_\_\_ Quarterly Certification Date: \_\_\_\_\_

Rate of Pay: \_\_\_\_\_ Biweekly  Semi-monthly