



Office of People, Culture, and Talent (Human Resources)

SHORT-TERM AND SUBSTITUTE TEMPORARY EMPLOYMENT REQUEST
(Non-academic, Non-continuing Assignment – Refer to AP 7236)
HR-4

ALL FIELDS MUST BE COMPLETED – PRINTED OR TYPED

Name of Prospective Employee: _____

Department/Division: _____ Position/Title: _____

Supervisor: _____ Rate of Pay: _____/Hour

Position Work Location: [] AVC Main Campus [] AVC Palmdale Campus [] Fox Field Other: _____

Reason for Request: Please see IMPORTANT NOTICES below.

Substitute: (60 Calendar Days/2 months up to 40hrs/week Max.) [] Temporary Leave [] Fill A Vacancy

Substitute For (Provide Name & Position): _____

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Short Term: [] Fluctuation in Work Load [] Special Project

[] Other _____

MUST SELECT APPLICANT FROM PCT/HR SHORT-TERM/SUBSTITUTE POOL IF AVAILABLE

Brief description of duties to be performed: _____

Term of Employment:

Beginning Date: _____ Ending Date: _____

Anticipated # Hrs per week: _____ Total number of weeks: _____ Total Hrs Projected _____

FOAP: _____

Estimated Budget Impact: \$ _____
(Rate of Pay x Total Hrs Projected)

IMPORTANT NOTICES:

- Substitutes may work a maximum of 60 calendar days/2 months @ 40hrs/week. Beyond this there will be a mandatory reduction in hours to a maximum of 25 hrs/week.
Short-term and substitute employees cannot exceed 999 hrs or 100 days worked in a fiscal year or they will be required to be enrolled in the Public Employees Retirement System.
Days are counted regardless of number of hours worked per day.
Any EXTENSIONS would require submission of "Request for EXTENSION of Short-Term/Substitute" form and approval.

Requesting Dean or Director: _____ Print Signature (Route to Applicable Executive Council Member) Date: _____

Applicable Executive Council Member Print Name

Applicable Executive Council Member - Signature Date Denied (Return to Requester) Approved (Route to Financial & Fiscal Svcs)

Financial & Fiscal Services - Signature Date Denied (Return to Requester) [] Approved (Route to PCT/HR)

*** ABOVE SIGNATURES MUST BE OBTAINED PRIOR TO SUBMISSION TO PCT/HR ***

FOR PCT/HR USE ONLY – Please do not complete this area.

[] Meets Minimum Qualifications _____
[] Live Scan [] TB Clearance Authorized to begin work effective date: _____
PCT/HR Representative Signature: _____ Date: _____