

Students & Temporary Employment
ITS Non-Permanent Staff Personnel Action Request Form

Requestor Information			
Date Submitted		Hiring Supervisor	
ITS Division/Department (check one)			
<input type="checkbox"/>	601000	ITS – Vice Chancellor – CIO office	
<input type="checkbox"/>	602000	Information Security	
<input type="checkbox"/>	603000	Enterprise Applications/Connect Carolina	
<input type="checkbox"/>	604000	Finance and Administration	
<input type="checkbox"/>	605000	Infrastructure and Operations	
<input type="checkbox"/>	606000	Teaching and Learning	
<input type="checkbox"/>	607000	User Support and Engagement (including Help Desk, CCI, CRC and Software Acquisition)	
<input type="checkbox"/>	608000	Communication Technologies	
<input type="checkbox"/>	615000	Research Computing Center	

Hiring Temporary Personnel			
SHRA ITS Temporary	<input type="checkbox"/>	Student Assistant	<input type="checkbox"/>
EHRA ITS Temporary	<input type="checkbox"/>	Federal Work Study	<input type="checkbox"/>
UNC-CH SHRA Student Assistant	<input type="checkbox"/>	(for Federal Work Study hires, consult with ITS HR)	
<input type="checkbox"/> Request for New Hire-Temporary		<input type="checkbox"/> Request for Waiver of Recruitment (returning from 31-day break)	
Type of Temporary Employment	SHRA <input type="checkbox"/> EHRA <input type="checkbox"/>	Number of working Days to Post Position*	
Requested Effective Date		Requested End Date	
Rate of Pay		Hours per Week	

* Minimum posting period of 3 days (Contact ITS HR for required documentation)

Request for New Hire-Student			
Student Name		Student PID	
Requested Effective Date		Requested End Date	
Rate of Pay		Hours per Week	

Other Temporary Employment Actions (check all that apply)			
Employee's Name:		Employee PID	

Request for Extension			
Initial hire date		Current End Date	Requested End Date

Request for Reassignment			
Current Supervisor		New Supervisor	Requested Effective Date

Request for Salary Adjustment			
Old Rate	\$	Requested New Rate	\$
			Requested Effective Date

Request for Change in Hours			
New Hours		Effective Date	Change is Permanent/Temporary P <input type="checkbox"/> T <input type="checkbox"/>

Request for Termination	
End Date	

Justification for Action Requested

Signature: _____ Date: _____
AVC/Executive Director for Division

Signature: _____ Date: _____
Steve Haring, Executive Director, ITS Finance & Administration

Signature: _____ Date: _____
Accounting Services

Chartfield Fund _____ Source _____ Acct _____ Dept _____ Prog Code _____