Shoreline Community College
Temporary Staff Personnel Action Form ("PA")

___New Employee   ___Additional Appointment   ___Reappointment   ___Combo Code Update   ___Rate Change

SECTION 1: EMPLOYEE INFORMATION (Supervisor completes)

Employee or Student ID	Last Name	First Name	Middle Initial

Email	Have you been laid off from a state agency within the past 24 months? ___Yes ___No

International Student? ___Yes ___No	Do you currently, or have you ever worked at any other institute of higher education? ___Yes ___No	Previously Worked at SCC? ___Yes ___No If Yes, what was your last year at SCC? _____

Type of Position Requested:

____ **Part-Time Student Employee**: Enrolled for at least 6 credits in the quarter of employment AND max.16.5 hrs/week total across all positions. *Number of Credits Enrolled this Quarter*: _____

____ **Part-Time Hourly-PTH (Article 5):** Not employed for reason under NPE category below. Limited to a lifetime limit of 1050 hrs or 12 months employment, whichever occurs first, at less than 69 hrs per month worked.

____ **Non-Permanent Employee-NPE (Article 4.D.1)**: Non-perm classified staff position under one of the following categories:
a) For absence (including breaks/meals, absences, etc) of a permanent classified employee**; b)** During a workload peak; **c)** While a permanent classified position is being recruited; or **d)** To reduce the possible effect of a layoff. *Reason Code*: _____ (a.- d.)
Person/Position being Backfilled: _____ *Workload Peak Period*: _____

____ **Part-Time Temp Admin**: Non-perm admin position (does not align with classified position definition). Paid for hours worked.
Person/Position being Backfilled: _____

SECTION 2: EMPLOYEE CERTIFICATION (employee completes)

- I understand that part- time hourly is a temporary position, limited to 12 months or 1,050 hours (whichever comes first) unless I am a student employee. I may not work more than 69 hours per month without prior approval from Human Resources.
- To be eligible for PEBB benefits, I must work an average of at least 80 hrs/month, at least 8 hours in each month, for more than 6 consecutive months. I understand that SCC will notify me if my eligibility status changes.
- I understand that it is my responsibility to notify my employer (through HR) immediately if I have more than one position/job at the same time at SCC. I understand that hours worked in all non-faculty positions/jobs at SCC, except hours worked as a student, count ("stack") toward eligibility for benefits. I also understand that I have the right to ask SCC to re-evaluate my eligibility for health benefits at any time and have the right to appeal all SCC decisions through the PEBB appeals process (WAC 182-16). Full explanation of the PEBB appeals process is available at www.hca.wa.gov/pebb.
- If an employee works 350 hours or more in 12 consecutive months from the original hire date, the position will be represented by the Washington Federation of State Employees union (WFSE).
- I understand that I can access PEBB rules and guidance on benefits and eligibility through https://www.hca.wa.gov/, specifically WAC 182-12-114, employee eligibility for benefits, and WAC 182-12-131, maintaining the employer contribution.

I have read through and understand the information in Section 2 listed above

Signature of employee   **Date**

SECTION 3: POSITION INFORMATION (employing department completes for current fiscal year)

Requested Job Title_____ *(New position, attach approved job description)*

Requested Start Date_____ End Date _____ Employees may NOT begin work prior to receiving start date confirmation from HR

Direct Supervisor_____ HR Dept Code(99xxx) _____Hours Per Week_____

Budget Chart String _____-_____-_____- _____ Financial Dept Code_____

Administrator Signature (manager/dept head with budget authority for hiring) _____ Date_____

SECTION 4: BUDGET INFORMATION (budget department completes for current fiscal year)

Combo Code(s) (9 digits starting w/ 0002..) 1. _____ _____%   2. _____ _____%

Budget Office Approval- Signature _____ Date _____

****Budget approval is required PRIOR to sending to HR*****

NOTE: Timesheets **must be submitted electronically in ctcLink by published deadlines** to be paid on the next pay date. Late timesheets may cause a delay in payment and will require an explanation from the Supervisor to the Payroll Manager.

SECTION 4: EMPLOYMENT INFORMATION (Office of Human Resources/Payroll completes)

Position Effective Date:	Position End Date No Later Than:	Eligible for PEBB benefits: ___Yes ___No	OASIS Tax Eligible ___Yes ___No	Visa Type & Expiration	

Designated Position Title		ACA Code N2	Hourly Rate $

Human Resources Signature			Date Entered

ctcLink Job Code	Empl Class	Pay Group	Earnings Distr Code	Confirmation Email Sent	Benefits Input/Review:	Payroll Input/Review: