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

SECTION 1: Employee Information & Certification (Employee 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 college/university? ___Yes ___No	Have you previously worked at SCC? ___Yes ___No If yes, what was your last year at SCC? _____

- 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 listed above

Employee Signature _____ **Date** _____

SECTION 2: Position Information (Department completes)

Requested Job Title_____ (Use **Title & Classification Guide** if unsure*)

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

Direct Supervisor_____ HR Dept Code(99xxx) _____ Hours Per Week_____

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

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

Administrator Signature (budget authority) _____ Date_____

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 the first quarter of employment**

_____ **Part-Time Hourly**(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): _____ *Regularly Scheduled* _____ *As Needed Hourly*
Non-perm classified staff position under one of the following categories:
a) For absence of a permanent classified employee (including breaks/meals, absences, etc); **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**: Includes non-perm coaches and non-perm admin positions (does not align with classified position definition). Paid for hours worked. *Person/Position being Backfilled*: _____

Supervisor must submit ONLY this PA via email to: sccbudget@shoreline.edu **Subject Line:** "PA - __(last name)___"
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.

SECTION 3: Budget Information (Budget Department Complete)

Combo Code(s) 1. _____ _____% 2. _____ _____%

Budget Office Approval- Signature _____ Date _____

SECTION 4: Employment Information (Office of Human Resources/Payroll completes)

Effective Date	End Date	Pay Group	Earn Code	Visa Type & Expiration

Verified Position Title		Job Code	Empl Class	Hourly Rate $

HR Entry – Name & Date	Payroll Input/Review- Name & Date	Confirmation Email Sent Date

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