



Office of Human Resources

Classified Temporary Hiring Proposal

Please send feedback or questions regarding this form to jobs@utdallas.edu

Use this form to communicate the assignment of a classified temporary. E-mail completed and approved form to your designated Employment Specialist. HR will initiate the criminal background check (CBC) upon receipt of this form. If this is a new assignment, the ePAR will be completed when all applicable approvals and documentation have been received. Temporary employees may not begin working until the CBC and all onboarding forms have been completed.

Point of Contact:	Contact Phone:
Hiring Manager Name:	Manager Phone:

Section I: Job Details

Action Requested: _____ Will this finalist need visa sponsorship? _____

Assignment Start Date: _____ Assignment End Date: _____

Department Code: _____ Department: _____

Assignment Type: W09995 - non-benefits eligible; semi-monthly hourly; **less than 4.5 months** at 20 to 40 hours/workweek.
 W09995 - non-benefits eligible; semi-monthly hourly; **greater than 4.5 months** at **19.5 hours or less** per workweek for up to 1 year.
 C09997 - benefits eligible; monthly; greater than 4.5 months working a regular schedule at **19.5 hours or more** per workweek for up to 1 year.

Brief Description of work duties: _____

FTE: _____ Hourly Rate: _____ This position is funded in whole or in part by a grant. _____

Cost Center:	Start Date:	End Date:	Distribution:
Cost Center:	Start Date:	End Date:	Distribution:
Cost Center:	Start Date:	End Date:	Distribution: _____

Section II: Applicant Details - complete the address fields if the incumbent was not previously employed at UTD.

Name: _____ Email: _____

UTD-ID (if applicable): _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip Code: _____

**Please attach a current copy of the applicant's resume if available.*

Section III: Required Management Approval Please follow your department's approval routing protocol.

_____	Account Manager
_____	Hiring Manager
_____	Dean/Dept Head/Other required approval
_____	VP/Provost (where required by dept)

HR OFFICE ONLY

Request #: _____ Birthdate: _____ SSN: _____

CBC ID#: _____

Employment Specialist: _____ Date Approved: _____