

**PASSAIC COUNTY COMMUNITY COLLEGE  
PART-TIME TEMPORARY EMPLOYEE AUTHORIZATION**

Part-Time Temporary Employees may be used to fill a vacancy on a temporary basis to cover duties of a person who is on an approved leave of absence and/or to perform work for a limited duration of time. The appointment and salary of all new employees in the title of Administrator must be approved by the VP for Human Resources. Appointees must meet all minimum requirements as outlined in the PCCC Wage Guide. The following pertains to Part-Time Temporary Employees:

- An offer of employment shall not be considered final until such time as all approvals are obtained as reflected on the reverse side of this form.
- **Initial appointees must report to Human Resources to complete the employment process prior to their first day of work and are not authorized to work until the appointing department is notified by Human Resources that such authorization has been granted.**
- The maximum number of hours a part-time employee is authorized to work, in this position or in combination with any other position, including part-time/adjunct faculty, is 29 hours per week.
- Employees are required to record their hours of work with the use of a swipe card when they report to and depart from work, and for all break periods, as instructed by Human Resources.
- Employees may be terminated at any time and for any reason prior to the end of the authorization period and understand that they have no right to continuing or future employment.

**PART I: To be completed by the applicant:**

1. \_\_\_\_\_  
Last Name First Name M.I.

2. SS# \_\_\_\_\_ 3. Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

4. Home Phone \_\_\_\_\_ 5. Cell or Alternate Phone # \_\_\_\_\_

6. Home E-Mail Address: \_\_\_\_\_

7. Home Address: \_\_\_\_\_  
Street Apartment #

\_\_\_\_\_  
City State Zip Code County

8. \_\_\_\_\_  
Indicate Highest Level of Education Attained Name of School and/or College/University

9. Gender: M \_\_\_ F \_\_\_ 10. Ethnicity \_\_\_ Hispanic/Latino \_\_\_ Non Hispanic/Latino

11. Race (Check ALL that apply): \_\_\_ American Indian or Alaskan Native \_\_\_ Asian  
\_\_\_ Black or African American \_\_\_ Native Hawaiian or Other Pacific Islander \_\_\_ White

12. Will you be working in any other position at PCCC during the period of this authorization?

Yes \_\_\_ No \_\_\_ If yes, in what capacity: \_\_\_\_\_ # of Hours: \_\_\_\_\_ (for Adjuncts, 3 credits = 7 hours)  
Department: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

13. Are you related to any current PCCC employee? If yes, provide name of employee and nature of relationship:

\_\_\_\_\_

**APPLICANT STATEMENT:** I understand and accept the conditions of employment outlined above and attest that the information provided by me in this application is accurate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

