Print Form

USC BEAUFORT
TEMPORARY EMPLOYMENT REQUEST FORM

Initiated By: _____

Phone: _____ **Email:** _____

****NO EMPLOYEE CAN BEGIN WORK PRIOR TO COMPLETION OF THE I-9 FORM****
FORM MUST BE FILLED OUT COMPLETELY

CHECK ONE: *** Position must be advertised**

☐ **New Temporary Position*** *Position never filled before*

☐ **Reappointment** *Position filled with same employee*

☐ **Replacement*** *Position filled with new employee*

If this is a New or Replacement Position, a minimum posting period is seven (7) days. All positions are posted through the USCJobs.sc.edu website. To discuss additional posting placement contact USCB HR.

Additional number of days to post position: _____

Dates of Employment: Begin_____ **to End** _____

Hourly Rate: _____ **No. of Hours per week:** _____ **Hours of appointment:** _____

Job Title:_____

Brief Job Description:_____

Please give name (if applicable): _____ **USCID :** _____

ACCOUNTS: **Department:** **Fund:** _____ **Object Code:** _____ **%:** _____

Department: **Fund:** _____ **Object Code:** _____ **%:** _____

SUPERVISOR INFORMATION *(Class and Slot information can be found on your employment screen on VIP)*

Name: _____ **USCID:** _____ **Class:**_____ **Slot:** _____

REQUIRED SIGNATURES ***(Signatures must be obtained in order listed below)***

_____ _____

Department Head **Date**

_____ _____

Unit Vice Chancellor **(Chancellor, EVCAA, VC, Athletic Director, CIO)** **Date**

_____ _____

Budget **Date**

_____ _____

Human Resources **Date**

ITAMS # _____

Approved *Position Requisition Form* required BEFORE position can be filled.
Completed I-9 required ~~BEFORE~~ a new hire may begin work.

USC Beaufort
TER Revised 9/2013