

Student/Temporary Action Form

Huma	an Resource Servi	ces						
Appr	oval Category (Typ	e of Action)					
Student Temporary/Hourly New Employee - Requires an attached, signed COE form				Retroactive Change (needs approval from HR/SEO)				
	New Employee - Requ	ires an attach	ed, signed COE fo	rm				
	New Job / Extend Job				Budget/Org Change (needs new Job)			
	End Job				Work Area Change (ne	Work Area Change (needs new Job)		
Emp	loyee Information							
	Employee Name		Loot		Firet			1iddla
	(As it appears on the I-9)		Last		First		N	liddle
	Evergreen ID (A#)				Employee	e Birth Date		
	emporary/hourly employ							
All en	ployees should keep the	eir addresses ι	updated on my.ever	green.e	edu.			
	artment Informatio	n						
	rtment			Su	upervisor's Name (if diffe	rent from work	area lead)	ext.
Name								
Work Area V			VV	ork Area Lead's Name		ext.		
	tion Information ion Number	Work Area C	Podo.	10		Employee C	Noos	
PUSIL	on Number	WOIK Alea C	Joue	Or	<u>y</u>	Employee C	1455	
	1					1		
Emp	loyee Information	Record				EPAF Inform	nation	
Empl	oyee Class Code (mate	ch position info a	bove)			Home COAS =	E	
Home Org (match position info above)					Employee Status = A(ctive)			
Job Record					Distribution Org	= 32		
Job E	Begin Date - date employe	ee first held posi	tion or hire date					
					Contract Type -	- P(rimary) or	S(econdary)*	
					*All employees can have only one primary job			
Timesheet Org (match position info above)					and multiple sed			
Employee's Job Title					Job Status = A(ctive)		
Hourly Rate of Pay					Job Change Re	ason = SJOB	or TEMP	
	Hours per Pay Period (Pay period = 1/	(2 month)			Step = 0		
	End Date Record	r ay ponou	2 monary			3.34		
		at this hire or ex	tension ends			Job Status = T(erminated)	
Jobs Effective Date – date that this hire or extension ends Personnel Date – date that this hire or extension ends						Job Change Re		
. 0.00	ormor Bato add and and	o mile or exterior	on ondo			002 0.1.dg0 1 to		
Signa	ture of Appointing Autho	rity**	Date	;	Signature of Budget Office	er		Date
			Shaded Section to h	ne Con	npleted by HRS or SEO			
Δnniv	ersary Date of Temporar		Hours Projected to				I-9 Comple	atad
7 (11111)	broary bate or remporal	, 1 III C	Tiours i Tojecteu to	, chu 0	,, job		Yes	No
							100	
Date	ecorded in Banner		Signature of Huma	n Res	ources or Student Employ	ment		Date

^{**}Signature of Appointing Authority authorizes full payment from the Org above if the student continues working after his or her work/study is exhausted. $\hbox{ Distribution:} \ \square \ \hbox{Payroll;} \ \square \ \hbox{HRS (for non-student hires);} \ \square \ \hbox{Student Employment (for student hires)} \ \square \ \hbox{Appointing Authority;} \ \square \ \hbox{Employee}$ Revised: 9/2011



Student Conditions of Employment

Human Resou	rce Services						
Instructions:	All newly hired student employees must complete this form.						
Employee Name	Evergreen ID - A#						
Position(s)	Pay Rate(s)						
STUDENT	EMPLOYMENT – For questions or additional information please call Student Employment Office at	(360) 867-5	520.				
1. A student m position on 2. Students wo undergradua 3. Hours work 4. Student empositions, an 5. During evaluation may work u 6. Student empthe academi 7. Students who award alloca 8. A student emposition vaca 10. A	rking on campus and who are registered <i>less than half time</i> (for student employment purposes, half the credits, or 4 graduate credits) will pay FICA (Social Security and Medicare) withholding. The company of the credits, or 4 graduate credits) will pay FICA (Social Security and Medicare) withholding. The company of the credits, or 4 graduate credits) will pay FICA (Social Security and Medicare) withholding. The credit may not exceed 19 hours per week while classes are in session. The provided and on the limited to a maximum of 19 hours per week total for all jobs combined. The company of the compan	ime means a-campus ent employe official brea in excess of fill a classi e participat and that The the busines raining and	ees aks in of their fied ion by e ss needs d licens				
Employee Signa	ture Date						
Please answer	the questions below required by RCW 41.50.139	YES	NO				
Have you ever	been a member of a Washington State Retirement system?						
If yes which	n retirement system?	XXX	xxx				
Are you retired	from one of the Washington State Retirement Systems?						
Have you ever	been a member of the Seattle, Spokane or Tacoma Retirement system?						
are a full time stud	EXEMPTION FROM PUBLIC EMPLOYEES' RETIREMENT SYSTEM (PER ployment history with Evergreen you may at some point become eligible to be enrolled in and contribute to the lent (10 under grad credits or more) you may waive this enrollment if you meet the following criteria. The person is employed by the same institution where he/she is a full-time student, or where his/her spouse is full-time student; and The employee is working at the institution primarily for the purpose of furthering his/her education; or his/her billity as a student to notify the Payroll Office if you should drop below full-time (10 under grad credits or more)	PERS system a spouses edu					
	following statement, expresses a waiver of PERS retirement. I wish to be exempt from the Public Employees is a full time student.	Retirement S	System.				
Signature:	Deta:						



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Human Reso	ource Services		
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Employee Name		Evergreen ID - A#	
Position(s)		Pay Rate(s)	
	RARY EMPLOYMENT (NON-STUDENT EMPLOY) ntact Human Resource Services at (360) 867-5361 or T	MENT) – For questions about temporary employment TTY (360) 867-6834.	
Washington State 1. Persons ma appointme exclusive of except as soremedial arresponsibil hire. When the original except as a soremedial arresponsibil hire. When the original except as a soremedial arresponsibil hire. When the original except as a soremedial arresponsibil except as a soremedial ex	the Department of Personnel (DOP). The provided a maximum of 1,050 hours in any 12-consecutive and you work a maximum of 1,050 hours in any 12-consecutive and you work a maximum of 1,050 hours in accordance with of overtime or student work. Individuals are expected to specified in number 5 below. If the employee believes a staction must be filed with DOP within 30 calendar days affility of the hiring authority to ensure that temporary employer that 1,050 hour maximum has been reached, the employeral appointment date. It is in temporary appointments who work more than 350 hours are expected to work half time or more for longer that who have been laid off from a PEBB eligible position in the Benefits office to determine benefits eligibility per WAC arry non student employee who is hired to work more than average of 80 hours per month (480 hours over the six monigible for benefits on the date of hire. Benefits eligibility arry non student employee whose position is revised such months working a minimum of 8 hours in each month and enefits eligible the first of the month following the extension benefits eligible includes medical, dental, life and long to to you. If you become eligible and do not return the enricult medical and dental plans. Benefits eligibility is admitted that I have the right to appeal this and any future eligible gemploying agency through the PEBB Appeals Process of the employer. For a complete explanation of the appeals probable and that I have the right to appeal this and any future eligible gemployer. For a complete explanation of the appeals probable and that I have the right to appeal this and any future eligible and any time contribute to the Voluntary Investment Plan (on contact the Payroll & Benefits office	a WAC 357-49 if the number of hours worked exceeds 1,050 to adhere to the stated criteria; they are not eligible for benefit rule violation has occurred, the employee's request for after the effective date of the alleged violation. It is the ployees' hours do not exceed 1,050 from the original date of the exceed work again in the institution until the anniversal and the exceed and the institution until the anniversal and the exceed are six months must be hired from a qualified candidate pool the last 24 months must self identify their layoff status to the C 182-12-129 and six consecutive calendar months with the intent that they controlled with a minimum of 8 hours in each calendar may is administered per WAC 182-12-114. In that the intent is that they will work more than six consecuted more than 480 hours in the six calendar month period will assion or the first day of the seventh month whichever is soon term disability coverage. You may waive the medical coverance form within 31 days of eligibility you will be enrountied per WAC 182-12-114. In the period will be enrountied per WAC 182-12-114. In the period within 31 days of eligibility you will be enrountied per WAC 182-12-114. In the period will be enrountied per WAC 182-12-114. In the period will be enrountied per WAC 182-12-114. In the period will be enrountied per WAC 182-12-114. In the period will be enrountied per WAC 182-12-114. In the period will be enrountied per WAC 182-12-114. In the period will be enrountied per WAC 182-12-114. In the period will be enrountied per WAC 182-12-114.	o, its fry of ee will honth tive her. erage lled
		ner conditions such as background checks, training and l	
and may change t	the duration of my appointment, rate of pay, and job	duties. BY COMMENCING TO WORK I AGREE TO	
ABIDE BY THE	TERMS AND CONDITIONS OF EMPLOYMENT.		
Employee Sign	nature	Date	
	er the questions below required by RCW 4		10
	er been a member of a Washington State Ret		
	ich retirement system? ed from one of the Washington State Retireme		XX
•	er been a member of the Seattle, Spokane or		\dashv
1.0.0 ,000 070	and the second of the country openant of		
Devisell - C			
Payroll office	ce only ied the retirement information above:	Date Revised 9/2011	
	The state of the s		