

AUTHORIZATION TO HIRE AN LTE

DATE OF REQUEST: _____ DEPARTMENT/OFFICE: _____

STARTING DATE: _____ HOURS ANTICIPATED: _____

END DATE: _____ HOURLY RATE OF PAY: _____

Note: This position will fall under the Wisconsin Retirement System, and entitled to benefits, if it is ongoing and expected to work 600 hours in one year from the start date.

TYPE OF APPOINTMENT: SHORT TERM SHORT TERM RECURRING

NAME OF INDIVIDUAL RECOMMENDED: _____

TITLE/COST CENTER ACCOUNT: _____

(Note: Account must have sufficient salary budget to cover request.)

THIS POSITION WILL BE SUPERVISED BY: _____

DESCRIPTION OF DUTIES (ATTACH POSITION DESCRIPTION IF APPLICABLE):

NOTE: The Human Resources Office MUST receive this completed/signed request BEFORE the employee begins working.

APPROVALS:

Requestor

Date

Account Custodian

Date

Budget Officer

Date

Director of Human Resources

Date

Cabinet Officer

Date

FOR PERSONNEL OFFICE USE ONLY

Name of Employee: _____ Effective Date: _____

Number of Hours: _____ Rate of Pay: _____ WRS: Yes No

Request Number: Class Title:

Class Code: Schedule: Range: EEO Category:

CC: Requestor
Chair/Director
Budget Office
Payroll

Revised 2/2008