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: __________________________
TIMESHEET APPROVER: _______________ BACKUP TIMESHEET APPROVER: _______________

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 8/22/2013