

## Sciences Request for TEMPORARY EMPLOYEE Waiver of Recruitment

<u>INSTRUCTIONS</u>: After all fields are completed below, the Department HR partner will submit this form to <u>COS HumanResources@ncsu.edu</u> in at least 4 weeks advance from proposed effective date.

<u>PLEASE NOTE</u>: This is a request for a waiver of recruitment & does not guarantee the waiver is approved. The waiver process could take approximately 5-10 business days to be approved, after which the regular hiring process could take an additional 2-4 weeks.

| DEPARTMENT NAME:  | TOI | DAY'S DATE: |    |
|---|-----|-------------|----|
| 1. Candidate Name   |     |             |    |
| 2. Candidate NCSU ID # (if applicable)  |     |             |    |
| 3. Is this a situation where a previously permanent employee is returning to perform their previous job, but as a temp?   |     | Yes         | No |
| 3a. If yes, please confirm that candidate is returning of his/her own<br>volition and understands the limitations of the terms and conditions of<br>temporary employment. |     | Yes         | No |
| 4. Enter the job code AND job title you have selected for this temp hire. Select the appropriate Job Code from the List of available Temp Job Codes.                      |     |             |    |
| 5. In the space provided below, please provide a detailed justification to the reason for requesting a waiver of recruitment.   |     |             |    |
|   |     |             |    |
| 6. In the space provided below, provide a description of the temporary position. Attach additional information, if needed.  |     |             |    |
|   |     |             |    |
| 7. In the space provided below, what specific skill sets or qualifications makes this candidate the only qualified candidate for this position.                           |     |             |    |
|   |     |             |    |
| 8. Proposed Start Date of Employment  *Must be at least 4 weeks from the submission of this form.   |     |             |    |
| 9. Proposed End Date of Employment:   |     |             |    |
| 10. Proposed Hourly Salary:   |     |             |    |
| 11. OUC:  |     |             |    |
| 12. Funding Source:   |     |             |    |
| 13. Proposed FTE / Hours worked per week  |     |             |    |
| 14. Supervisor Name & Empl ID#:   |     |             |    |
| Attach CV/Resume to Waiver Request (REQUIRED)   |     |             |    |
| Attach additional information to justification of the waiver (if needed in addition to #4)  |     |             |    |
| Attach a position description to Waiver Request (if needed in addition to #6)   |     |             |    |