

Pre-Approval Request Form **Temporary, On-call and Student Employees**

For use within MSU Extension Only

This form must be completed and submitted a minimum of four [\(4\) weeks prior to the desired state date](#). To submit the form, you can either click the icon at the bottom of the form, or send to TOC_StudentInbox@anr.msu.edu.

*For additional information, please refer to the **MSUE Employment Guide for Temporary, On-call and Student Employment**, located on the **MSUE HR web page**: http://od.msue.msu.edu/human_resources/internal_hiring_procedures_forms.

***Fields in red are required**

Any of the following employment types, may result in benefit costs being incurred, at a rate of **\$417/month** (subject to change). Your budget should reflect how you plan to cover those costs. The account/sub-account numbers provided below will be utilized for those charges, unless otherwise indicated.

Type of Employment:

Temporary employee 50-74%

(up-to 9 month appointment, working 20 – 29 hours per week – cannot exceed 29 hours per week at any time)

Temporary employee 75-100%

(up-to 9 month appointment, working 30 – 40 hours per)

On-Call employee

(working up-to 19 hours per week – cannot exceed 19 hours per week at any time)

Student employee

(current MSU student who's registered and enrolled, working up-to 29 hours per week – cannot exceed 29 hours per week at any time)

Short Description of Work:

Organization/Position Information:

MSUE Institute/Organizational Unit:

Program/ Initiative:

Supervisor for this position:

Work Location (building name/address):

On-campus:

* if on-campus will the employee be driving a University vehicle? Yes No

Off- campus County:

Is this a Student Internship? Yes No

If yes, will the internship be paid? Yes No

Pay and Funding Information:

Proposed Employment Period: start date: end date:

Proposed Rate of Pay (per hour): \$

Terms of the Grant/Funding arrangement:

- Total dollars allocated to fill this vacancy: \$
- Length of funding arrangement or grant:

start date: end date:

- Name of Funding Sources (i.e. name of account or grant):

- Does the grant(s) include language to support fringe/benefit costs?
Yes No N/A

Account(s) and Sub-account(s) for salary and fringe costs

Please include **percentages** to be charged on each account; **total must be 100%**

Account #:	Sub-account & Cost Center:	Percentage:
Account #:	Sub-account & Cost Center:	Percentage:
Account #:	Sub-account & Cost Center:	Percentage:
Account #:	Sub-account & Cost Center:	Percentage:

Total Percentage:

If you have an individual identified to fill this position, please complete the information below:

- **Email Address of individual being hired:**

- **Full Legal Name** (as it appears on the social security card)
 - **Last:**
 - **First:**
 - **Middle:**

- **APID** (this only applies to **MSU students**):

- **Is this individual currently working/or have they worked for MSU or MSU Extension in the past?**
Yes No

Name of person submitting this request:

Date:

Notes/Comments:

For use by MSU Extension HR Only

Job Title:

Job Reference #:

Notes/Comments:

Approvals:

FO
ID and/or DC
HR