The Tech Human Resources Office recently revised the Extra Labor Request Form to accommodate a place for the employee's hire date and the supervisor's name. The hire date is the actual first day the person reports to work and including the supervisor's name will assist the Human Resources in contacting the correct person if we have questions.

It is very important that the question regarding the number of hours the supervisor intends for the employee to work is answered correctly. If the employee is hired with the intent of working 80 or more hours per month for three (3) consecutive months, the University is required to report them to the Arkansas Public Employees Retirement System (APERS). This system requires a 5% employee contribution and an 11% employer contribution. However, the employee will have a choice between APERS and the alternate retirement plan, TIAA/CREF, which requires a 6% employee contribution and 10% employer contribution. If membership is not established in the **first** month in which the employee works over 80 hours for three consecutive months, contributions will be retroactive with interest which creates a financial burden for both the employee and the University. *Please keep this in mind when consulting with the employee and budgeting for the position.*

The new form is located on our website, http://www.atu.edu/hr/forms.shtml, and we ask that you please discard the old form immediately.

If you have any questions our office number is 356-6203.

QUARTERLY REQUEST FOR EXTRA LABOR OFFICE OF HUMAN RESOURCES

Date:				
This request is for quarter: (select	only one quarter per req	nuest):		
July-Sept.	OctDec.	JanMar.	AprJune	
Please assign(Name)		T#:		
(Department)		(Org Number)	(Position Number)	
in the position of(Job Class	sification)	at a hourly rate of \$	for	hours.
This person reports directly to First Work Date:				
IS THIS PERSON BEING HI FOR <u>THREE (3) CONSECUTE</u>	<u>VE MONTHS</u> ? IF Y	ES, THE STATE REQUIRES PAR	TICIPATION IN A RETIREME	
PLEASE MAKE ALLOWANCES IN	YOUR BUDGET.	YES	NO	
***DEPARTMENTS ARE RESPONSIBLE FO				
Signature of Departme	nt Head	Dean's Sig	gnature (if required by De	an)
 Request form is due in the F Extra Labor employees are Any exception to the payme Administration prior to the 	Iuman Resources Office t eligible to work a limit of nt of the rate of pay must first work day of employn	be requested and approved in wri	ting by the Vice President for F	inance and
Special Approval:				
Human F	Resources	Da	te	
HR APPROVAL:			/AL:	
THIS SECTION MUST BE C	OMPLETED IF THE EX	TRA LABOR EMPLOYEE IS NO DEPARTMENT.		
TERMINIATION OF ASSIGN	NMENT (ATTACH F	INAL TIME SHEET)		
Please terminate this assignment	effective (last date of	work)		
Termination of employment: Re	ason	; or End of Assignm	ment	<u> </u>
Supervisor's Signature:				