

**COLLEGE OF CHARLESTON
ZERO PAY TEMPORARY APPOINTMENT FORM**

TO: Director of Human Resources FROM: _____

SUBJECT: Temporary Hire -- For a period of not more than twelve (12) months

Please attach personal data sheet when submitting this form for approval to HR

In the event this appointment is canceled prior to the end date established, please notify Human Resources immediately. Note: Email & Domain accounts will terminate on last working day unless renewed.

		Social Security/CWID #:	
Name:		Position/Title:	
Mailing Address:		Division:	
City/State:		Department:	
Home Telephone:		Work Telephone:	
Hours/Week		Period of Employment:	
		FROM:	TO:

Does individual need a Domain and an Email Account? Yes _____ No _____

IF ASSOCIATED WITH OR PAID BY ANOTHER AGENCY, PLEASE LIST AGENCY NAME _____

No Salary or fringe benefits are applicable to this appointment.

Date Department Head

Date Vice President or Dean

Date Director of Human Resources

<p>For HR Use Only: Background check completed____ Authorization Received_____</p>

<p>For Academic Affairs Use Only: Credentials Received_____</p>
--

THE LANGUAGE USED IN THIS POLICY DOES NOT CREATE AN EMPLOYMENT CONTRACT BETWEEN THE EMPLOYEE AND THE AGENCY. THE AGENCY RESERVES THE RIGHT TO REVISE THE CONTENTS OF THIS POLICY IN WHOLE OR IN PART.