

Shoreline Community College

TEMPORARY HOURLY/STUDENT PERSONNEL ACTION (PA) FORM

NEW APPOINTMENT
 REAPPOINTMENT
 BUDGET CHANGE
 RATE CHANGE

SECTION 1: EMPLOYEE INFORMATION (employee completes)

Soc. Sec. Number	Last Name	First Name	Middle Initial
Are you a new employee? (first job at Shoreline?) Yes No If no, when was the last time you worked at Shoreline CC? Month Year		Have you been laid off from a state agency within the past 24 months? Yes No	
Are you currently enrolled as a student at Shoreline CC? Yes No		Student ID / Employee ID Number	Number of Credits this Quarter

SECTION 2: EMPLOYEE CERTIFICATION (employee completes) Does not apply to full-time faculty, administrative/exempt, classified employees

- Employees are eligible for PEBB benefits upon working an average of at least 80 hours per month, 8 hours in each month, and for more than 6 consecutive months (excluding standby hours, temporary increase of hours for 6 months or less caused by unanticipated training or emergencies, hours worked in faculty positions, and paid time off). Those who become eligible for benefits will be notified by Shoreline Community College (SCC) upon change in status.
- Hours worked in all non-faculty positions at SCC count ("stack") towards eligibility for benefits except hours worked as a student employee. Employees have the right to ask SCC to re-evaluate eligibility for health benefits at any time and/or appeal all SCC decisions through the PEBB appeals process (WAC 182-16). The PEBB appeals process begins with requesting a review from SCC. For a complete explanation of the PEBB appeals process and appeals forms, visit the PEBB website at www.hca.wa.gov/pebb.
- Total work hours in any consecutive 12 month period are not anticipated to exceed 1,050 hours for temporary positions. Employees are responsible for notifying their supervisors immediately if they hold multiple positions at SCC. Individuals who work more than 1050 hrs in any 12 month consecutive period may request remedial action from the Director of Personnel in accordance with WAC 357-49.

I have read through and understand the information listed above

Signature of employee: _____

Date: _____

SECTION 3: POSITION INFORMATION (employing department completes for current fiscal year)

Combo Code (9 digits starting with 0002____): Department: All budgets on one timesheet (supervisor distributes hours)? Yes No	Budget Office Approval (required PRIOR to sending to HR Office): Signature _____ Date _____
---	--

Job Title*: _____ **Requested Start Date:** _____ **Requested End Date (optional):** _____

**NOTE: If this is a new position, attach description of duties/responsibilities/education and skills required. Please be specific.*

Hours of Work (anticipated schedule): _____

Position will require work over 69 hours per month?	Yes (attach explanation)	No
Position will require work for at least five months of over 69 hours/month?	Yes (attach explanation)	No
Do other employees work in this position (same duties/responsibilities, etc.)?	Yes	No

If yes, please explain why you need this additional employee below:

Primary Supervisor: (print) _____

Alternate Supervisor: (print) _____

Administrator Signature: (manager/department head with budget authority for hiring) _____

Date _____

NOTE: Timesheets must be submitted electronically in ctclink by published deadlines to be paid on the next pay date. Late timesheets may cause a delay in payment and will require an explanation from the Supervisor to the Payroll Manager.

SECTION 4: EMPLOYMENT INFORMATION (Office of Human Resources/Payroll completes)

Position Start Date Effective:	Position End Date No Later Than:	Original Date of Hire:	Eligible for PEBB benefits:	OASIS Tax Eligible		
			Yes No	Yes No		
Designated Position Title			ACA Code N2	Hourly Rate \$		
Human Resources Signature				Date		
Visa Type	Expiration	Job Code	Empl Class	Earnings Code	HR/ER Input/Review:	Payroll Input/Review: