

Motlow State Community College

A Tennessee Board of Regents Institution

Appointment of Temporary Employment

Name: _____

Social Security Number: _____

Contact Phone Number and Email (Required): _____

Date of Birth: _____

Position Title: _____

This section MUST be completed:

Full Time: Part Time:

Current MSCC Student: Yes No State Retiree: Yes No

Worked in any capacity at MSCC in the last 12 months: Yes No

Budget Fund/Org Number: _____

Budget Account/Program Number: _____

Position Number: _____

Rate of Pay: _____

Employment Begin Date: _____ Employment End Date: _____

Estimated Total Hours of this Appointment: _____

Estimated Total Cost of this Appointment: _____

Recommended Approval: _____

Reviewed by Human Resources/Affirmative Action Official: _____

Approved: _____

Approving Authority

There must be a two-week break in service every six months on all temporary appointments.

Motlow State Community College

P. O. Box 8500 – Lynchburg, TN 37352-8500 – 931-393-1500

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Notification of Temporary Employment Termination

The temporary employee, _____, under my supervision, will have his/her employment with Motlow College stopped on _____.

As the Supervisor, I am responsible for ensuring that all out-processing procedures have been completed for this employee as detailed below, and that the final timecard is turned in with this form to Human Resources. **Failure of Supervisors to complete and return this form to Human Resources within 24 hours of the employee's notice of termination will result in immediate notification to the appropriate VP.**

(✓)

1. Vice President/Executive Director as appropriate _____
2. Library _____
3. Computer Services (Director, Marcum Technology Center) _____
4. Payroll (Forrester Student Center) _____
5. Keys turned in (Facilities Services) _____
6. Telephone Long Distance Access Code terminated
Telephone Credit Card turned in
(Business Office) _____
7. Motlow ID Card turned in
(Human Resources) _____

- Forwarding address of temporary employee for additional correspondence:

Last First Middle

Street City/State Zip Telephone

This certifies that all out-processing procedures have been completed.

Signature _____ Date _____

- FINAL PAYMENT FOR SERVICES WILL NOT BE PAID UNTIL THE ABOVE HAS BEEN EXECUTED AND RETURNED TO THE HUMAN RESOURCES OFFICE.