



**INCIDENTAL EMPLOYEE AGREEMENT
REQUEST FORM**

TO: **NORAH MERRITT, EXECUTIVE DIRECTOR FOR HUMAN RESOURCES**

FROM: _____ PREPARED BY: _____

DATE: _____

NAME AND ADDRESS OF EMPLOYEE _____

RETIREMENT SYSTEM STATUS:

TRS _____ ERS _____ ACTIVE _____ RETIRED _____

****REMINDER: PLEASE MAKE SURE THAT ACTIVE ERS OR TRS EMPLOYEES ARE HIRED UNDER THE APPROPRIATE STATUS.**

NEEDS TO BE FINGERPRINTED? YES _____ (see note below) NO _____

DATE(S) OF SERVICE _____

NEW ITEM:

HOURLY RATE: _____ FOR A TOTAL CONTRACT AMOUNT OF \$ _____

DAILY RATE: _____ FOR _____ HOURS A DAY

TOTAL CONTRACT AMOUNT OF \$ _____

TYPE OF SERVICE: _____

BUDGET CODE _____

Please note: If it is determined that the employee needs to be fingerprinted, please have them call Joan Goldhammer in the Human Resources at 486-8086.

CONTRACT APPROVED _____ DISAPPROVED _____ BY _____