

# HOURLY REQUEST FORM

Information regarding hourly employment and fingerprinting can be found at <http://www.rowan.edu/hr/Recruitment/index.htm>

Department Name: _____ Fund and Organization: _____	<b>To Be Completed by Budget Office</b> Position Number: _____ Budget Approval: _____ Date: _____
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**To Be Completed by Hiring Department**

Job Title/Classification: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

Is this a temporary replacement for a permanent employee?  If yes, who? \_\_\_\_\_

Hours of Work Per Week: _____ <i>In most cases, cannot exceed 32/week. Hourly employees are limited to 944 hours per fiscal year</i> Start Date _____ End Date _____ <i>Cannot cross fiscal years</i> Rate Requested: \$ _____/hour <i>Must be in accordance with rate schedule</i> Rowan Student? Yes / No <b>(circle one)</b> <i>Rowan students CANNOT be processed on this form. Please use Student Authorization Form.</i> Previous Employee / New Hire <b>(circle one)</b> <i>New Hires must complete a new hire packet and submit two approved forms of identification</i>	<b><u>Fingerprinting Information</u></b> Has this employee been referred for fingerprinting? Yes <input type="checkbox"/> Date and Time of Appt. _____ No <input type="checkbox"/> <i>*Hourly Employees must undergo fingerprinting unless they fall under one of the following exemptions.</i> <input type="checkbox"/> Continuous employment (no breaks) since January 2004 <input type="checkbox"/> Student at Rowan or elsewhere <input type="checkbox"/> Previously fingerprinted by Rowan <b>(Fingerprinting from another employer cannot be used to fulfill the fingerprinting requirement)</b> **Note: Employees must be fingerprinted regardless of the above exemptions if they will be working with children in Grades K-12
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Employee Name: \_\_\_\_\_ SSN or Rowan ID: \_\_\_\_\_

Person to Be Contacted with Questions: \_\_\_\_\_ Extension: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Second Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Department Head, Dean, Etc.)

Division Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Provost or Vice President)

**FORM MUST HAVE DIVISION AND BUDGET APPROVAL BEFORE HUMAN RESOURCES CAN PROCESS**  
**NEW HIRES MUST COMPLETE A NEW HIRE PACKET BEFORE HUMAN RESOURCES CAN PROCESS**

**To Be Completed by Human Resources**

Classification Code: \_\_\_\_\_ FYTD Hours: \_\_\_\_\_

Fingerprint Complete:

Clear  Pending, Referred  Exempt Student  Exempt Continuation:

Entered on Banner \_\_\_\_\_ Banner # \_\_\_\_\_ Letter Sent: \_\_\_\_\_