

MOTT COMMUNITY COLLEGE
Agency Temporary Request & Schedule Change Form

SECTION A: REQUEST FOR TEMPORARY WORKING OVER THE THRESHOLD

Request for agency temporary doing Admin Support, ProTech or S&M bargaining unit work with scheduled hours/weeks equal to or over those outlined in the applicable collective bargaining agreement as indicated below:

Dates: Start _____ End _____ (End Date must be no more than one year from Start Date.)

Schedule: Hours per week _____ Weeks per year _____ (Weeks required for ProTech and S&M work only)

- Type of Work:**
- Admin Support (T50) - More than 19 hours per week (assignment limited to one year)
 - ProTech (T30) - More than 19 hours per week and more than 38 weeks per year (assignment limited to one year)
 - S&M (T20) - More than 19 hours per week and more than 38 weeks per year (assignment limited to one year)

Employee and/or Position Temporarily Replacing (if applicable): _____

Department: _____ **Location:** _____

Position Title: _____ **Hourly Pay Rate:** \$ _____

SECTION B: REQUEST FOR TEMPORARY WORKING UNDER THE THRESHOLD

Request for agency temporary doing Admin Support, ProTech or S&M bargaining unit work with scheduled hours/weeks less than those outlined in the applicable collective bargaining agreement as indicated below.

Dates: Start _____ End _____ (If applicable)

Schedule: Hours per week _____ Weeks per year _____ (Weeks required for ProTech and S&M work only)

- Type of Work:**
- Admin Support (U50) - Less than 20 hours per week (assignment may continue for indefinite length of time)
 - ProTech (U30)
 - Less than 20 hours per week (assignment may continue for indefinite length of time) **OR**
 - 20-40 hours per week for less than 39 weeks (assignment may continue for indefinite length of time)
 - S&M (U20)
 - Less than 20 hours per week (assignment may continue for indefinite length of time) **OR**
 - 20-40 hours per week for less than 39 weeks (assignment may continue for indefinite length of time)

Employee and/or Position Temporarily Replacing (if applicable): _____

Department: _____ **Location:** _____

Position Title: _____ **Hourly Pay Rate:** \$ _____

SECTION C: REQUEST FOR OTHER TEMPORARY

Request for agency temporary doing other bargaining unit or non-bargaining unit work, including on-call or seasonal.

Dates: Start _____ End _____ (If applicable)

Schedule: Hours per week _____ (If applicable)

- Exempt Manager (U10) Exempt Professional (U15) Workforce Development (U39) PSO (T90)
- Non-Union (U37) M&O - Temp to Reg (T60) M&O -Short term (U60)

Department: _____ **Location:** _____

Position Title: _____ **Hourly Pay Rate:** \$ _____

SECTION D: SCHEDULE CHANGE

Complete this section if changes are being made to the hours/schedule of an existing agency temporary.

Temporary Name: _____

Hours Per Week: Current: _____ New: _____ **Weeks Per Year:** Current: _____ New: _____

SIGNATURES

Requested by: _____ **Phone #:** _____ **Date:** _____

Vice President Office Approval: _____ **Date:** _____