No-Pay Job Action Request (JAR) Form (Please complete in its entirety and allow at least five business days for HR Processing)

Employee Name			
Employee ID#:	Employee Email:		
Anticipated Begin Date:	Expected End Date:	Date Of Birth:	
Employee's Job Title:			
Job Code (Unpaid Matrix):			
Hiring Department:			
		Campus Box #	
(Indicate off-campus work address;	complete working outside of	NC form, if applicable)	
Supervisor Name:	Supervisor ID)#:	
Please provide justification for this i	request:		
This person will be living in This person will be sponsored A Commercial Driver's Licer	ving an NCSU vehicle ddling money or managing ac rking with minors (under the University Housing for more d on an H-1 Visa use (CDL) may be used in thi	age of 18 years old - excludes NCSU students) than 3 days (excludes NCSU students)	
Note: All no-pay appointments re	quire a background check	with the exception of Retiree and Emeritus	
Please submit this form with the fo	llowing attachments, if appli-	cable:	
Signed Offer Letter (Note: T Patent Agreement Visa documentation Visiting Research Agreemen Independent Contractor Agr Emeritus Letter provided by	t (VRA) or alternate approva	o-pay letters are included in the templates.)	
Employee Signature:		D .	
		Date:	