Temporary Job Action Request (JAR) Form

Please complete in its entirety and allow at least five business days for HR processing

FUNDING INFORMATION (obtain approval prior to employee signing)

Anticipated Begin Date	Expected End Date	Hourly Rate	_Hours per week	Total wages	
Project ID(s) [include pha Include all projects (i.e., wo	se, if applicable] rk study project, PEP projec	et) and percentages			
Department Finance Rep Signature (not required for 5 ledger/C&G projects)			printed name and date		
Department Funding Authority Signature (required when Head, Director, or Dean is responsible person)			printed name and date		
PI Signature (all projects where faculty member is responsible)			printed name an	printed name and date	
College Finance Manager (5 ledger to Research, all others to Business Office)			printed name an	printed name and date	
JOB INFORMATION	_				
Employee Name, ID# & e	mail address				
Employee's Job Title:	rolled at least half time):ns must be posted, unless er		dWork Study	PEP studentNon Student	
				eek 29 hrs/week during summer.	
Hiring Department Indicate off campus work as				Campus Box #	
Supervisor Name & Super	visor ID#				
Background check require NCSU student positions. I			nt positions and/or	if any of the following apply t	
This person could This person could This person could This person will b This person will b	h background check on the /will be driving an NCSU /will be handling money of /will be working with mir e living in University Hor e sponsored on an H-1 Vi iver's License (CDL) may	vehicle or managing account nors (under the age of using for more than isa	of 18 years old - ex 3 days (excludes N		
Indicate date I-9 require I-9 required for new hires & or before the hire date; Sectioniginal documents for Section noncompliance.	rehires with a break in servion 2 must be completed in p	vice. Section 1 of the 1 person no later than 3	-9 form must be com days after the hire d	pleted via the I-9 system on late. Employees must present	
Employee Signature:			Date:		
Supervisor Signature: Supervisor must approve put			Date:		
Maintain Managar Oriantation	Sofoty Charleigt and T.	oromi Employer - Carl	ification Forms in a	connel file	

Revised: January 19, 2024