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 phase Include all projects (i.e., work	e, if applicable] k study project, PEP project)	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 and date			
College Finance Manager (5 ledger to Research, all others to Business Office)		printed name and date			
JOB INFORMATION					
Employee Name, ID# & en	nail address				
Employee's Job Title: NCSU Student Worker (enro (*Non NCSU student position)	olled at least half time):C		lWork Study	PEP student	_Non Student*
If currently working at NCs Undergrads- max 20 hrs; Gr					
Hiring Department	Work Location: Bld. dress; complete working out	g Name_ side of NC form, if	Room # applicable	Campus Bo	x #
Supervisor Name & Superv	risor ID#				
Background check required NCSU student positions. Pl			nt positions and/or i	f any of the follo	owing apply to
This person could/y This person could/y This person could/y This person will be This person will be	background check on this will be driving an NCSU vill be handling money or will be working with mino living in University Hous sponsored on an H-1 Visaver's License (CDL) may be	ehicle managing accoun rs (under the age of ing for more than	of 18 years old - exe	cludes NCSU stu CSU students)	idents)
Indicate date I-9 requirer I-9 required for new hires & or before the hire date; Section original documents for Section noncompliance.	rehires with a break in servic on 2 must be completed in pe	re. Section 1 of the I rson no later than 3	-9 form must be comp days after the hire do	pleted via the I-9 s ate. Employees mi	ist present
Employee Signature:]	Date:		
Supervisor Signature: Supervisor must approve pun	ch data in WalfTime to ensur	ea timely navment	Date:		
Maintain Manager Orientation	·		fication Form in pers	sonnel file.	

Maintain Manager Orientation Safety Checkrist and Temporary Employee Certification Form in personner me