

<input type="text"/>	M.I.	<input type="text"/>	<input type="text"/>
<b>FIRST NAME</b>		<b>LAST NAME</b>	<b>BANNER ID</b>

*(Print name as listed on Social Security card)*

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Address (Street or PO Box)</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>

<input type="text"/>	<input type="text"/>
<b>Email Address</b>	<b>Phone</b>

Sex:  Male  Female

Ethnicity (Check One):  Hispanic or Latino  Non Hispanic or Latino

Race (Check one or multiple races):  White  Black or African American  American Indian  
 Asian  Hispanic or Latino  Native Hawaiian

**TEMP ASSIGNMENT BEGIN DATE**  **AND ANTICIPATED END DATE**

WORKING TITLE:  POSITION #

**DETAILED DESCRIPTION OF WORK TO BE PERFORMED: (attach additional page if needed)**

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**Please identify all other temporary assignment employment with UNC Pembroke (provide Dept/Supervisor name).**

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**Are you currently receiving N. C. State Retirement Benefits?**  Yes  No

**If yes, please complete the *Certifying Employee Status Under Retirement Reemployment Laws Form - Form ESSR* and submit it to the Office of Human Resources, Lumbee Hall, Room 357.**

**TYPE OF PAY: (Check one)**

FLAT RATE OF PAY TOTAL AMOUNT OF TEMPORARY ASSIGNMENT: \$  ESTIMATED WORK HOURS PER WEEK

**Note: Payment will be divided between the number of months and payrolls in temporary assignment period.**

HOURLY RATE OF PAY

**Note: Work hours are required to be entered into Braveweb Employee Self-Service Web Time Entry no later than noon on the Monday following the last day of the bi-weekly pay period to ensure timely payment.**

**CURRENTLY EMPLOYED WITH ANOTHER STATE AGENCY:**

Yes  No **(Note: If Yes, do not use this form - use Personal Services Contract and identify as Dual Employee)**

**Signature Agreement:** I understand that I must abide by all UNC Pembroke policies and procedures and it is my responsibility to review policies posted to the UNC Pembroke websites for Human Resources and under the functional areas of my responsibility. If I do not submit my work hours worked in Braveweb Employee Self-Service Web Time Entry by noon on the Monday following the last day of the bi-weekly pay period I understand that I will not be paid timely.

\_\_\_\_\_  
TEMPORARY EMPLOYEE SIGNATURE

**AUTHORIZATION: (Must be pre-approved before work begins.)** DEPARTMENT:

**BANNER FUND / ACCT / PROGRAM # (ex.: 170910-21310-170):**

**SIGNATURE:**  **TITLE:**  **EXT:**

Supervisor (Reports to Supervisor may be EPA or SPA Permanent Employee, Dept. Head, Dean, Director, or Vice Chancellor)

**Reports to Supervisor Banner ID:**  **Reports to Supervisor Position Number:**

**SIGNATURE:**  **TITLE:**  **EXT:**

Financial Manager Approval (Dept. Head, Dean, Director, Vice Chancellor, or Chancellor)

# Temporary Assignment Agreement - The University of North Carolina at Pembroke

I agree to accept temporary employment at UNC Pembroke on the following terms:

1. Prior to reporting to work I must complete and submit a W-4 ( [W-4 Employee's Withholding Allowance Certificate](#) ) and NC-4 ( [NC-4 Employee's Withholding Allowance Certificate](#) ) tax forms, a complete Section 1 of the I-9 Employment Eligibility Verification ( [I-9 Employment Eligibility Form](#) ), and DoIT [Banner Account Application](#) form. Some Temporary Assistant positions may require a criminal background check. If so, the department will require completion of a [Criminal Background Check](#). I understand that I cannot begin work until notified by supervisor that the background check is completed.
2. Per Office of the State Controller and UNCP Policy, I understand that it is a Condition of my Employment for me to be enrolled in Direct Deposit within **30 days of hire or rehire**. Failure to provide a completed [Direct Deposit](#) form with accompanying documentation to the Payroll Office for Direct Deposit may result in a delay in my pay and/or termination of my employment.
3. I will report to the reporting supervisor stated on the Temporary Assignment Agreement form.
4. As an hourly Temporary Assistant, I must enter my work hours in Braveweb and submit it by no later than noon on the Monday following the end of a bi-weekly work period in order to be included in the next bi-weekly payroll date.
5. My supervisor and I must verify the time worked and my supervisor must approve the Braveweb self-service timesheet by no later than close of business on Monday following the end of a bi-weekly work period in order to be included in the next bi-weekly payroll date.
6. Bi-weekly Timesheets (paper form) will be used to submit work hours late due to missed time entry in a pay period. These timesheets will be processed in the next bi-weekly pay date (see bi-weekly payroll calendar) after receipt in the Payroll Department.
7. I am required to give regular, punctual, efficient, and cooperative performance on my job assignment.
8. I am required to notify supervisor in advance if illness or unforeseen circumstance prevents my attendance at work.
9. I will conduct myself in a professional manner in the workplace. I agree that I will not violate University Workplace Harassment, Drugs & Alcohol and other employment related Human Resources policies. Policies are available on the HR website at: <https://www.uncp.edu/resources/finance-and-administration/policies-and-procedures/human-resources>. It is my responsibility to review and understand these policies. If I have any questions, I will contact the Office of Human Resources at 910-521-6279.
10. **I agree to inform my reporting supervisor if I accept a temporary assignment with another department or supervisor which may create a Fair Labor Standards Act (FLSA) issue if I work more than 40 hours in a work week (Monday - Sunday).**
11. The flat rate agreement amount or hourly rate for all hours worked is the total amount I anticipate receiving for this agreement. I agree I will not receive payment for any work exceeding the flat rate agreement amount or hours worked outside of this agreement period.
12. I understand that the continuation of this position is subject to the availability of the appropriate budget in the fund supporting this position and/or based on the business need for the department. Additionally, the assignment may be ended for any reason at the discretion of the university.

\_\_\_\_\_  
Temporary Assistant's Signature

\_\_\_\_\_  
Date

## Supervisor of Temporary Assistant

I understand the Temporary Assignment Agreement is to be completed by providing information in all data fields, without any data cross outs and/or re-writes, and without using white out to revise original data.

I understand as the Employer Representative, for new temporary employees I must verify Section 1 and complete Section 2 - Employer Review and Verification of the I-9 Employment Eligibility Verification form. I must then complete the E-Verify Department of Homeland Security online employment verification process on the first day the temporary assistant begins the work assignment. I will contact the Controller's Office before hiring a Non-Resident Alien (non-U.S. citizen) to verify eligibility for employment through the State of North Carolina.

***If I require Supervisor Employee Self-Service Training to approve timesheets, I will contact Human Resources, ext. 6279, immediately after hiring an hourly temporary assistant. Further, I agree to notify Human Resources if my temporary assistant informs me he/she is working on another assignment agreement, to prevent the university from incurring overtime under the Fair Labor Standards Act (FLSA).***

I understand that it is my responsibility to monitor and supervise the temporary assistant by making an effort to assist in: solving any work assignment problems; reviewing and approving Braveweb Employee Self-Service Web Time Entry Timesheet by no later than the end of the business day on the Monday following the end of the bi-weekly pay period end date. I am the primary person responsible to ensure timely payment to a temporary assistant. Supervisors are required to add a comment on a monthly basis that describes the performance job rating.

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date