

FORM #2
REQUEST TO FILL FOR:
PT TEMPORARY OR ADDITIONAL DUTY PAY

Request #: _____
(To be completed by Campus.)

As requestor/hiring manager, the EEO checklist has been reviewed:

Signature

Requesting Institution: _____

Requestor/Hiring Manager: _____

HUMAN RESOURCES INFORMATION

PT Temporary - Indicate # of hours per week: _____ Additional Duty Pay
Position Title: _____ Bargaining Unit: _____
Proposed Grade: _____ Proposed Salary: _____
Proposed Start Date: _____ Proposed End Date: _____

Position #: _____
(Provided by HR)

Approved by
HR Generalist or HR Regional Manager:

Signature

If PT EA renewal or additional duty pay, provide employee name.

Name of EA: _____

FINANCE INFORMATION

(To be completed by Fiduciary or AVP of Finance.)

Position Funding Source:	Index Code	Chartfield 2	%	Type
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Approved by
Campus Fiduciary/CT State AVP:

Signature

Is this position funded on the roster in the FY23 spending plan? Yes No

JUSTIFICATION

Provide justification on how this meets critical organizational need.

IF CAMPUS POSITION

Approved by CEO:

Signature

IF CT STATE POSITION

Approved by relevant VP:

Signature

Approved copies to be sent to ctstate-rtf@commnet.edu.