



# REQUEST FOR TEMPORARY EMPLOYMENT

LONG BEACH CITY COLLEGE OFFICE OF HUMAN RESOURCES

## Employee Information

Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Classification/Title: \_\_\_\_\_

This individual is not related by blood or marriage, nor resides in the same household as a current LBCC employee.  
This individual is related by blood or marriage or lives in the same household as the following current LBCC Employee,  
(name/relationship) \_\_\_\_\_.

## Job Information

**Limited Term Employee Status & Classification Title (Not to exceed 6 calendar months)**

Provide rationale for the short term need: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Seasonal**       **Variable**       **Part-time** (Fewer than 30 weekly hours)

**1-3 Months Full-time** (30 wkly hrs. or more)       **4-6 Months Full-time** (30 wkly hrs. or more)

**Exempt**

Classification/Title: \_\_\_\_\_

Activity: \_\_\_\_\_

**INDIVIDUAL IS NOT AUTHORIZED TO START WORK UNTIL REQUESTOR IS NOTIFIED BY HUMAN RESOURCES**

## COMPLETE THE FOLLOWING FOR ALL REQUESTS:

**Effective Dates** From: \_\_\_\_\_ To: \_\_\_\_\_ **Hours** Weekly: \_\_\_\_\_ Total: \_\_\_\_\_

**Work Location** Department: \_\_\_\_\_ Salary: \_\_\_\_\_

**Account Number:** \_\_\_\_\_

## Authorization and Routing:

Name of Requester: \_\_\_\_\_ (Print) Date: \_\_\_\_\_

Approved by Dean/Director: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by Vice President: \_\_\_\_\_ Date: \_\_\_\_\_

Verified by Fiscal Operations: \_\_\_\_\_ Date: \_\_\_\_\_

Approved/Processed by HR for LTE eligibility: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed for ACA Compliance: \_\_\_\_\_ Date: \_\_\_\_\_

Assignment Cutoff Date: \_\_\_\_\_