



## Rehire/Extension Document for Post-TERI/Post-Retirement Temporary Positions

Semi-Amt \$ \_\_\_\_\_

Override \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

Name: \_\_\_\_\_

### Terms of Appointment

Position Title:		Home Department Name:	
Appointment Dates:	Begin:	General Duties (if teaching, list courses):	
	End:		

You are advised that as a Post-TERI/Post-Retirement temporary employee you are not entitled to annual leave, sick leave, other paid leave programs, or paid holidays. You will be separated from the University of South Carolina at the end of this appointment and without further notice. You will not be eligible for re-hire in a temporary capacity for a time period of not less than 15 calendar days. The University reserves the right to terminate this appointment at its sole discretion at any time with or without cause.

As a retiree from one of the retirement systems administered by the [South Carolina Public Employee Benefits Authority \(PEBA\)](#):

1. You do not have grievance rights pursuant to Section 8-17-370 of the SC Code of Laws, as amended.
2. In most cases, you are required by law to contribute a percentage of your gross pay into your PEBA retirement account. Please check with the USC Benefits Office for further information.
3. You may be subject to an earnings limitation. Please refer to the guidelines provided on the [PEBA](#) website regarding the earnings limitation for further clarification.

**I certify that I have read the above conditions of employment and that I understand and agree to them.**

Signature of Post-TERI/Post-Retirement Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Dean/Chancellor/VP: \_\_\_\_\_ Date: \_\_\_\_\_

### To Be Completed by Department

USC ID:	Name: (Last, First, Middle)				Cls/Slt:	
Eff Date:	Salary:	Hrly Rate:	PT/FT:	Basis:		
Home Dept:	Campus Phone:		Bldg/Rm:			
Supv Name:				<b>Hours</b>	<b>Faculty</b>	<b>Non-Faculty</b>
Supv Cls/Slt:	Appt Dates: _____ through _____		Total Crdt Hrs			
Exp Earnings:	Check Dist.:	Timecard Dist:		Hrs Per Wk		
ADept. No.:	Timecard	Turnaround	Voucher	Hrs Per Appt		

### Accounting Information

### Payroll Use Only

Dept.	Fund	Obj. Class	Analytical	FV	FSO	C	Percent or Amt.

### To Be Completed by Division of Human Resources/Payroll

Temp Job Class:	SOC:	Title:	EE Type:	Campus Type:	Work County:
TTV:	FLSA:	Fac/Stf:	Scheduled Hrs:	OR: \$	(+ / -)
Withholding: FIT:	SIT:	FICA:	Retirement:	PORS:	

Signatures	Date	Signatures	Date
Dept/Campus:		Payroll:	
		ISFS:	
Salary Administration:		Contract/Grant:	