



Rehire/Extension Document for Temporary Positions

Semi-Amt \$ _____

Override \$ _____

Name: _____

Total \$ _____

Terms of Appointment

Position Title: _____ Home Department Name: _____

Appointment Dates:	Begin: _____	General Duties (if teaching, list courses):
	End: _____	

If applicable, based on the primary duties, this position is a _____ practicing physician, practicing attorney, or teacher.

You are advised that as a temporary employee you are not entitled to annual or sick leave, paid holidays, grievance rights, or any other benefits normally associated with employment in a permanent FTE position under state guidelines. However, health insurance will be extended if you are deemed eligible based on the Affordable Care Act (ACA) and University guidelines. 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 in the same position for a time period of not less than 15 calendar days. Your department chairman or supervisor will provide additional information pertaining to your appointment. The University reserves the right to terminate this appointment at its sole discretion at any time with or without cause.

Insurance and Retirement Election

At the time of your original appointment as a temporary employee, you made an election to enroll in or non-elect in the retirement program and/or insurance (as applicable). For this rehire or extension of your temporary position, please select one of the following:

- I would like to alter the selection because a bona fide termination (based on University Benefit Office guidelines) is considered to have taken place. A new retirement option is selected. I understand enrollment terms may apply which may not allow me to make a change.
- I would like to continue with the selection I made at the time of my original temporary appointment.

Insurance Note: If you or your eligible dependents are entitled to Medicare and are extended a right to active group coverage, Medicare will then become secondary- regardless of whether you opt for active group coverage or refuse coverage. If you are enrolled in retiree insurance (and are Medicare eligible) through PEBA, you will be required to refuse retiree's coverage upon qualifying for active group coverage. Please contact PEBA or the Benefits Office for more information.

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

Signature of Temporary Employee: _____ Date: _____

Signature of Supervisor: _____ 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.: _____

Supervisor Name: _____	Hours	Faculty	Staff/Faculty Exceptions
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Supv. Cls./Slt.:	Appt. Dates: _____ through _____	Total Crdt. Hrs.	
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Exp. Earnings:	Check Dist.:	Timecard Dist.:	Hrs. Per Wk.	
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ADept. No.:	Timecard: _____	Turnaround: _____	Voucher: _____	Hrs. Per Appt.	
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If the employee is currently employed with another department or campus within the University of South Carolina, how many hours per week do they work in that position?

Accounting Information

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

To Be Completed by Division of Human Resources/Payroll

Temp. Job Class: _____ SOC: _____ Title: _____ EE Type: _____ Campus Type: _____ Work County: _____

TTV: _____ FLSA: _____ Faculty/Staff: _____ OR: \$ _____ (+ / -)

Withholding: FIT: _____ SIT: _____ FICA: _____ Retirement: _____ PORS: _____

Insurance Eligible: _____ Stability Period: _____ Comments: _____

Signatures

Dept.:	Dates	Signatures	Dates
		Payroll: _____	
		ISFS: _____	
Salary Administration:		Contract/Grant: _____	