

MOTT COMMUNITY COLLEGE
Agency Temporary Request & Change Form

CATEGORY A: SPR TEMPORARY WORKERS DOING BARGAINING UNIT WORK

*Workers temporarily filling a position on the **Staff Planning Report (SPR)**. Typically, these kinds of workers are filling in for an ill or injured employee or are covering the position while it is vacant due to employee turnover. These temporaries may work up to full-time hours, but the length of employment is limited. (See limitation next to each employee group.)*

Requested Dates: Start _____ End _____ **Hours per Week:** _____

Type of Work: Admin Support (1 year) ProTech (1 year) S&M (1 year) M&O (9 months)

Employee Temporarily Replacing: _____

Position Title: _____

Department: _____ **Supervisor:** _____

TO BE COMPLETED BY TEMPORARY AGENCY

Temporary Assigned: _____ **Start Date:** _____ **Pay Rate:** \$ _____

CATEGORY B: NON-SPR PART-TIME WORKERS DOING BARGAINING UNIT WORK

Supplemental workers limited to 19 hours per week with no limit to length of employment.

Requested Dates: Start _____ End _____ (if applicable) **Hours per Week:** _____

Type of Work: Admin Support ProTech S&M M&O

Position Title: _____

Department: _____ **Supervisor:** _____

TO BE COMPLETED BY TEMPORARY AGENCY

Temporary Assigned: _____ **Start Date:** _____ **Pay Rate:** \$ _____

CATEGORY C: GRANT-FUNDED AND EXEMPT WORKERS

These temporary workers are not subject to collective bargaining agreement limitations.

Requested Dates: Start _____ End _____ (if applicable) **Hours per Week:** _____

Type of Work: Grant-funded Exempt

Employee Temporarily Replacing (if applicable): _____

Position Title: _____

Department: _____ **Supervisor:** _____

TO BE COMPLETED BY TEMPORARY AGENCY

Temporary Assigned: _____ **Start Date:** _____ **Pay Rate:** \$ _____

CHANGE TO EXISTING TEMPORARY

Complete this section if changes are being made to an existing agency temporary (schedule, position, pay rate, etc.)

Temporary Name: _____

Position/Title Change: _____ **Pay Rate Change:** \$ _____

Hours Per Week: Current: _____ New: _____ **Weeks Per Year:** Current: _____ New: _____

SIGNATURES

Requested by: _____ **Phone #:** _____ **Date:** _____

Vice President Office Approval: _____ **Date:** _____