SUBJECT: GUIDELINES AND PROCEDURES FOR CASUAL APPOINTMENTS

A. References:

1. Executive Policy E9.110, Authority to Approve the Appointment of Casual Personnel.


B. Purpose:

To ensure compliance with Administrative Procedure A9.480, Casual Appointments and to provide additional parameters to ensure the fair and consistent treatment of all casual appointees within the Community Colleges.

C. Responsibilities:

1. Senior Vice President, University of Hawai‘i and Chancellor for Community Colleges (hereinafter Chancellor)
   
   a. Establishes the guidelines and procedures for casual appointments within the Community Colleges. The guidelines ensure compliance with the current policy and procedures and provide additional parameters to ensure the fair and consistent treatment of casual appointees within the Community College System.

   b. Approves any requests for exceptions to the Community Colleges guidelines.

   c. Approves requests for all E/M, instructional, non-teaching, and APT equivalent casual appointments for the SVP/Chancellor’s Office.

   d. Reviews and post audits non-teaching casual appointments quarterly, or as appropriate, to ensure compliance with applicable guidelines and procedures.
2. Provost/Director of Employment Training Center (ETC)
   
a. Implements guidelines and procedures outlined in Section D.

b. Approves requests for instructional, non-teaching, and APT-equivalent casual appointments for the respective campus.

c. Submits summary sheet (CC Form 20) (Attachment A) and copies of all approved non-teaching casual appointments (CC Form 20A) (Attachment B) quarterly (March 31, June 30, September 30 and December 31) or as requested to the SVP/Chancellor for post audit.

D. Guidelines and Procedures:

1. All casual appointments must be made in conformance to Administrative Procedure A9.480, Casual Appointments.

2. Requests should be submitted on CC Form 20A and must be approved by the SVP/Chancellor or Provost/Director of ETC before the effective date of the appointment. All requests should include the following information:

   a. The name of the department requiring the services of a casual hire.

   b. A description of the duties and responsibilities to be assigned to the casual appointee. If non-instructional (i.e. counseling, project coordination, etc.) or APT-type services are needed, reference the equivalent class. Note that only BOR type work can be provided by casual appointments; civil service type work cannot be performed by casual appointments.

   c. The projected appointment period. Casual appointments that are half-time (.50% FTE) or more must not exceed 89 calendar days; casual hires that are less than half-time may be appointed for up to a one-year period.

   d. The number of hours per week the services will be needed. Any unusual work schedule should also be stated in the request.

   e. Recommended compensation for the services. All casual appointees that perform duties that are comparable to APT classes, should be compensated hourly. In unusual situations, APT-equivalent casuals may be eligible for compensation on a flat fee basis.
E/M and faculty casual appointments may be compensated on a monthly, hourly or flat fee basis. A justification to support the recommended salary should also be included in the request.

f. The account code from which the casual appointee will be paid.

g. Fiscal Officer’s signature to ensure that sufficient funds are available.

h. Personnel Officer’s signature to ensure appointment is consistent with applicable personnel rules and regulations.

i. Any other information that would assist the SVP/Chancellor or Provost/Director of ETC in determining the need or appropriateness of the casual appointment.

3. Casual appointments shall not be used to circumvent the normal recruitment process. Therefore, casual appointments that are rehired repeatedly beyond the initial 89 calendar days must be appropriately justified and requests beyond this period should be reviewed critically.

4. Casual hires, by the nature of the appointment, are not covered under the collective bargaining agreement, therefore, overtime provisions as stated in the agreement, are not applicable. However, Fair Labor Standards Act (FLSA) provisions may be applicable if the casual hire duties are covered by FLSA.

E. Recissions:


Joyce S. Tsunoda
Senior Vice President, University of Hawai'i and Chancellor for Community Colleges

Attachments (CC Form 20, Form 20A)
<table>
<thead>
<tr>
<th>Appointment Period</th>
<th>Position Title</th>
<th>Number of HRS/WK</th>
<th>PAY RATE</th>
<th>INITIAL START DATE</th>
<th>NUMBER OF RENEWALS</th>
<th>NAME</th>
<th>COMMENTS</th>
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REQUEST FOR CASUAL/OVERLOAD  (CCCM No. 2110)

CC Form 20A(1/2000) (Campus)

I. Type of Appointment:
   9 Casual or 9 Overload (Choose one)
   9 Instructional or 9 Non-Instructional (Choose one)

   If casual, list the equivalent BOR class (include position title and pay range):

   ___________________________________________________________                _

   9 Initial appointment 9 Reappointment

II. Appointment Information:
    Requesting Department/Program: ____________________________________________
    Contact Person: _____________________________ Phone No. __________________
    Account Code(s) to Charge: ___________________ _________________________
    Appointment Period: FROM ______________________ TO ________________
    Number of hours: _______________  per week/total OR Number of credits: _______ (circle A @ or A total @)
    Work Schedule for Appointment (Days and Hours as applicable):
    _______________________________________________________________________
    Requested Rate of Pay: _____________ hourly/monthly OR ________________ Flat fee
                         (circle A hourly@ or A monthly@)

III. How was pay rate determined? _____________________________________________
     _______________________________________________________________________
     _______________________________________________________________________
     _______________________________________________________________________

IV. Description of Duties: _____________________________________________________
    _______________________________________________________________________
    _______________________________________________________________________
    _______________________________________________________________________
    _______________________________________________________________________
    _______________________________________________________________________
    _______________________________________________________________________
    _______________________________________________________________________
    (Continued on Back)
V. Justification for appointment & impact if not approved: ____________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

VI. **Appointee Information:** (if already known)
Name: _______________________________________________________________________

*Current UH Employment Information (required if overload appointment):*
Campus: __________________________ Position: __________________________
Pay Range/Step: _______________ FTE: __________ Type of Appt: 9 9 mos. 9 11 mos.
Employee’s Current Authorized Work Schedule: _______________________________________
(i.e. Mon - Fri. 7:45am - 4:30 pm)
Overload Formula (maximum): H/8 x M9 = _____________

H = number of hours required
WDM = workdays in the month
M9 = 1/9 annual salary

VII. **Approval of Appointment:**
REQUESTOR: __________________________ Signature __________________________ Date

RECOMMEND/NOT RECOMMEND:

Supervisor/Dean/Director __________________________ Date

Adequate funds are available to support this request.

FISCAL OFFICER: __________________________ RECOMMEND/NOT RECOMMEND:
Fiscal Officer __________________________ Date

PERSONNEL OFFICER: __________________________ RECOMMEND/NOT RECOMMEND:
Personnel Officer __________________________ Date

APPROVE/DISAPPROVE:

SVP/Chancellor or Provost/Director of ETC __________________________ Date

CC Form 20A (1/2000)