

UNIVERSITY OF HAWAII
REQUEST FOR 89-DAY NON-CIVIL SERVICE APPOINTMENT APPROVAL
(To be used for 1st and 2nd non-civil service appointment)

I. ORGANIZATION LOCATION (As reflected in UH PeopleSoft)

Division: _____ Branch: _____
Unit: _____ Geographic Location: _____

II. CANDIDATE INFORMATION

A. Name: _____

B. Within the last six months, was the prospective employee employed in your department in a non-civil service appointment? _____

C. Is the prospective candidate an ACTIVE employee (UH, DOE, HHSC, other State, City, County, Judiciary) covered by the Employees' Retirement System (ERS)? _____

D. Is the prospective candidate an ERS RETIREE (UH, DOE, HHSC, other State, City, County, Judiciary)? _____

E. Is the prospective candidate a (1) **Former civil service employee with the University or State Department/ Agency** or (2) **Former or current Non-Civil Service (89 Day Hire) Appointee**?

If yes, when did his/her appointment end? _____

F. Effective Date of this Appointment: _____

G. Not to Exceed Date **(to be completed by OHR)**: _____

III. POSITION INFORMATION

A. Job Title: _____ Position Number: _____
Salary Range: _____ Bargaining Unit: _____
DHRD Geographic Location: _____ Type of Position: _____

B. Work Week Schedule: _____ to _____ Work Hours: _____ to _____
_____ to _____ Work Hours: _____ to _____

C. Account Code: _____

D. Organization Code: 22-_____

E. Warrant Distribution Code: _____

F. Does the position require any statutory or regulatory license/certification/registration to practice in the occupation? _____

If yes, does the prospective employee possess the necessary license, certificate or registration? _____

G. Is this position 100% general funded? _____

If yes, please cite the reason for an exemption from Act 246. _____

Note: A Requisition for Certificate of Eligibles must be submitted when an appointment of longer than 89 calendar days, or 37 weeks at less than 20 hours per week, is planned.

IV. APPOINTMENT INFORMATION

A. Appointment No. for this Position: _____
B. Appointment No. for this Candidate: _____

C. Reason for another appointment including action being taken to fill the position on a more permanent basis.

D. The vacancy was created due to the following reason(s): **(Please check all applicable)**

- New position
- Position classification is pending at System OHR
- Incumbent was promoted, transferred, demoted, retired, discharged, resigned, etc.
- Incumbent is on approved LWOP
- Other: _____

E. Recruitment Status:

- Request to Fill Position has been submitted in PeopleSoft.
- Internal Recruitment Announcement in process (IVA)

F. NeoGov recruitment in process: **(Please check one)**

- Pending eligible list from DHRD
- Selection in process

V. UNIT

Contact information for all questions and documentation for the 89 day appointment:

Contact Person: _____ Contact Phone: _____

VI. EMPLOYING AGENCY

I hereby certify funds are available: Signature Fiscal Authority _____ Date: _____
I hereby certify that the above named employee will perform the significant duties and responsibilities of the position for which the employee is being appointed as reflected in the position description on file with System OHR and will be appointed at the entry step (hourly rate) of the appropriate salary schedule. I also understand that the appointment will be made in accordance with applicable state and federal laws, regulations, policies and procedures, including the Immigration Reform and Control Act of 1986.

Signature - Campus Appointing Authority: _____ Date: _____

Signature - HR Representative: _____ Date: _____

VII. SYSTEM OFFICE OF HUMAN RESOURCES APPROVAL / DISAPPROVAL

Your request for approval of the above action is: Approved Disapproved

Signature - System OHR: _____ Date: _____