

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

I. ORGANIZATION LOCATION (As reflected in UH PeopleSoft)

Division: \_\_\_\_\_ Branch: \_\_\_\_\_  
Unit: \_\_\_\_\_ Geographic Location: \_\_\_\_\_

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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)**: \_\_\_\_\_

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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:

UH Form 13 has been submitted to System OHR

Internal Recruitment Announcement in process (IVA)

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

Pending eligible list from DHRD

Selection in process

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V. UNIT

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

Contact Person: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

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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: \_\_\_\_\_

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VII. SYSTEM OFFICE OF HUMAN RESOURCES APPROVAL / DISAPPROVAL

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

Signature - System OHR: \_\_\_\_\_ Date: \_\_\_\_\_