

ACKNOWLEDGEMENT OF TEMPORARY CLASSIFIED APPOINTMENT
UNIVERSITY OF CONNECTICUT
Department of Human Resources
Employment Services

Employee Name:

Department:

Campus Location:

Job Title:

PC #:

FRS #:

Weekly Hours:

Percent Employed:

Payroll Authorization Start Date:

Payroll Authorization End Date:

I understand that I am a temporary employee and have no guarantee of continued employment beyond the ending date stated above. I also understand that my appointment may be terminated prior to the above end date. This decision cannot be appealed and I understand that I have no SEBAC/Re-employment/bumping rights for this temporary appointment. Please return this form with the payroll authorization to: Department of Human Resources, Processing Unit, U-5075.

Employee's Signature

Date

Witness to Employee Signature

Date

cc: Employee
Department
Personnel File