

City of Duluth

Job Action Form for Non-Bargaining Unit Positions

(Temporary, Part-Time, Seasonal, Student Intern)

| COST ALLOCATION | | | | | |
|-----------------|------|----------|-------------|----------|---|
| Fund | Dept | Division | Cost Center | Object # | % |
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| | | | | | |
| | | | | | |

Date: _____

Submitted By: _____

Job Title: _____

Pay Rate: _____ Hours/Week: _____

Department: _____

Division: _____

Division Unit: _____

Desired Start: _____ Projected End Date: _____

Supervisor: _____

Phone: _____

Type of Non-Bargaining Unit Position: Temporary Part-Time PELRA Exempt Other Type
 67 Day 13 hours/week Seasonal
 100 Day Student 13.5 hours/week Student Intern (non-CIPS)

Action: New Hire Rehire
 Other

Vacancy Reason: New Position
 Other Reason: _____

If position is not new, this _____ position was filled by _____
Job Title Name of Employee

For Human Resources Use Only:

Name: _____ NW #: _____ Social Security #: _____

Address: _____ City, State, Zip: _____

Home Phone: _____ Cell Phone: _____ Birth Date: _____

Marital Status: S M D W Citizenship: Y N Gender: M F Race: _____

Tax Status: _____ Effective Date: _____

Approval:

Peggy Spehar, Budget Office

Division Manager

David Montgomery, Chief Administrative Officer

Department Director

Kim Hall, Human Resources Manager

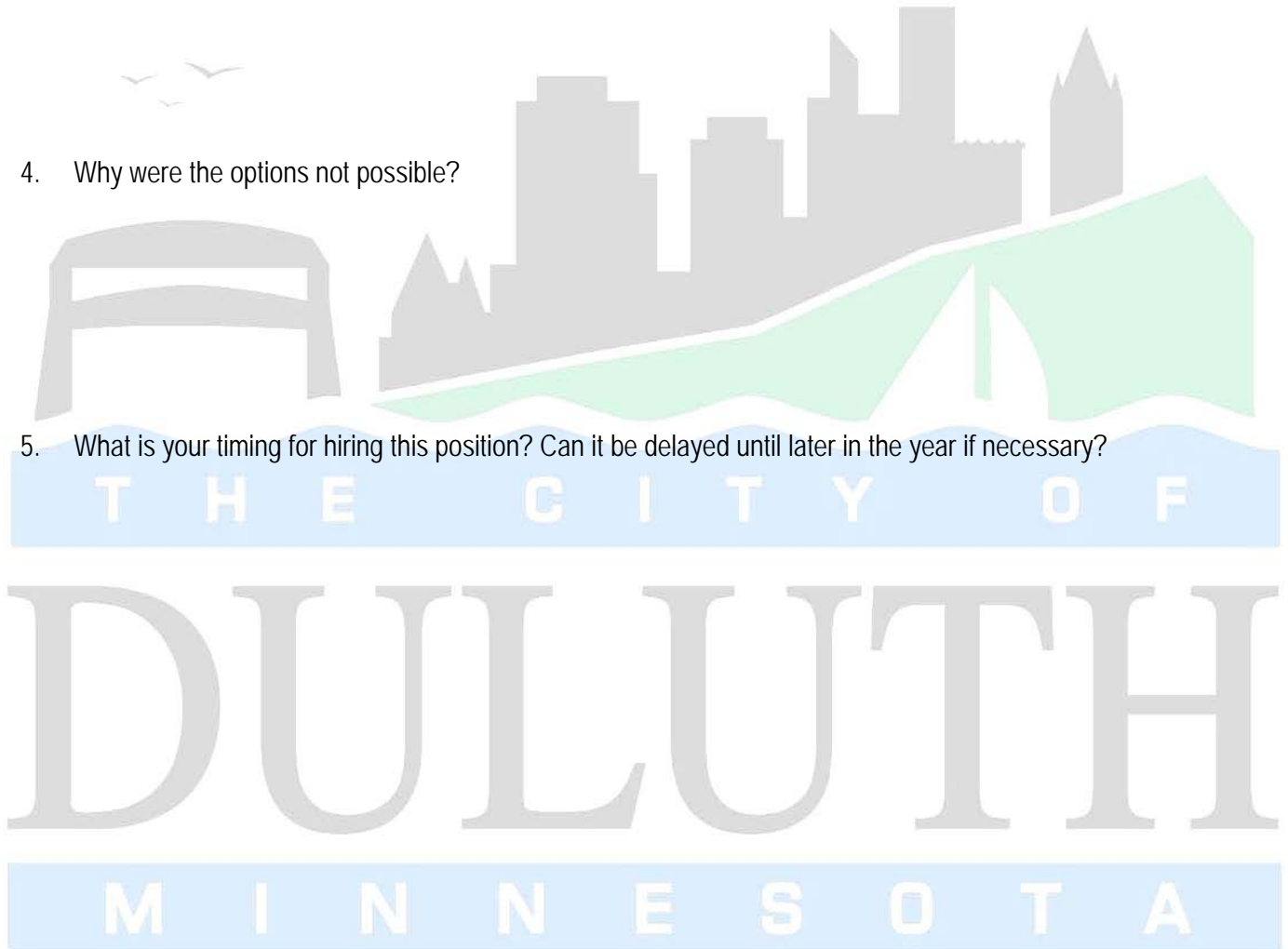
Payroll _____ NW _____ Access _____ New Hire _____ JAF # _____

Position Justification

1. Is the position budgeted for the current year? Yes No
2. Are you within your salary budgets for the current year? Yes No
3. What options have you explored to complete the work without this position?

4. Why were the options not possible?

5. What is your timing for hiring this position? Can it be delayed until later in the year if necessary?



INTERMITTENT EMPLOYMENT EMPLOYEE STATUS DETERMINATION
(Complete for Non-Bargaining Unit Temporary and Part-Time Positions)

Job Title: _____ Work Site Location: _____

Tasks and Duties Performed:

Status: Employee Independent contractor under a contract approved by the Council (check with City Attorney if needed)

If independent contractor, do not continue.

COMPLETE FOR NON-BARGAINING UNIT PART-TIME STATUS

(Part-time limit for work unit having normal 40 hours/week - 14 hours)

(Part-time limit for work unit having normal 37.5 hours/week - 13 hours)

Scheduled Work: _____ days/week _____ hours/week

Regardless of hours scheduled for a person:

1. How many hours of this type of work are needed to be performed each day? _____ hours/day; Each year? _____ hours/year
2. How many days in this calendar year will the essential tasks of this position need to be performed by someone? _____ days/year
3. How many calendar years has this part-time position been used? _____ years
4. Does any other part-time position perform the same, or substantially equivalent, work? Yes No
 - A. If so, how many? _____
 - B. If so, does any one or more of those part-time positions have a different beginning and ending time or date of the daily scheduled hours or term of employment than this position? Yes No
5. Explain the scheduling of the part-time positions over the hours of the day and term of all the positions: _____
6. Describe the operational need for separate part-time positions doing same or substantially equivalent work at different periods of time: _____

COMPLETE FOR NON-BARGAINING UNIT FULL-TIME TEMPORARY STATUS

1. How many days in this calendar year will the essential tasks of this position need to be performed by someone? _____ days/year
2. How many calendar years has this temporary position been used? _____ years
3. Does any other temporary position perform the same, or substantially equivalent, work? Yes No
 - A. If so, how many? _____
 - B. If so, does any one or more of those temporary positions have a different beginning and ending date of the term of employment than this position? Yes No
4. Explain the scheduling of the positions over the term of all the positions: _____
5. Describe the operational need for separate temporary positions doing same or substantially equivalent work at different periods of time: _____

Determination of Compliance: Approved Rejected

Reviewed by Attorney's Office: _____