



CONDITIONS OF TEMPORARY EMPLOYMENT

FORM PD412

AGENCY USE ONLY

TEMPORARY EMPLOYEE NAME	EMPLOYEE ID #	FULL OR PART-TIME
CLASSIFICATION TITLE / NUMBER / REP CODE	RATE OF PAY \$ <input type="checkbox"/> Hourly / FLSA non-exempt <input type="checkbox"/> Salary / FLSA exempt	POSITION NUMBER
AGENCY # / NAME	DIVISION / SECTION / UNIT	
ASSIGNMENT BEGIN DATE	EXPECTED ASSIGNED END DATE	

PREVIOUS TEMPORARY ASSIGNMENTS

Has the prospective employee worked for any state agency in the (12) preceding months to the start date of this assignment, either as a state temporary or a Qualified Rehabilitation Facility (QRF) temporary employee? YES NO If YES, indicate how many hours the prospective employee has worked during this time:

Temporary Year (date of initial appointment): "Temporary Year(s)" is the 12-month period(s) following the initial date of temporary appointment with the State of Oregon or any QRF temp service.

Is the prospective employee a PERS retiree? YES NO If YES identity retiree type: Tier 1 or 2 Tier 3 / OPSRP If YES, prospective temporary appointee should contact PERS to determine impact to their retirement pursuant to ORS 238.078 and 238.082 for Tier 1 and 2, and 238A.245 for ORSRP.

TEMPORARY APPOINTMENT

Is the prospective employee a PERS retiree? YES NO If YES, prospective temporary appointee should contact PERS to determine impact to their retirement benefits pursuant to ORS 238.082 for Tier One and Tier Two retirees, and ORS 238A.245 for OPSRP retirees.

The Temporary Appointment is in accordance with the following statutory provisions and is effective as indicted:

- Filling in behind a permanent, seasonal, intermittent or limited duration employee during an approved leave. The assignment will end upon the return of the employee. Duration of leave (if known):
- To meet an emergency, non-recurring, or short-term workload need. The assignment for any single workload may not exceed six calendar months (1,040 hours).
- Attorney General Special Assistant for a period not to exceed 15-months (ORS 180.140(3)).
- Department of Justice, Office of Administrative Hearings, or Public Utilities Commission student law clerk for a period not to exceed 24-months.
- Student intern enrolled in high school or is under 19-years of age and is in training to receive a GED certificate.

This is a(n):

Unrepresented Temporary Appointment. You are **not** eligible for:

- Position reclassification or transfer
- Agency promotional opportunities
- Regularly scheduled and cost of living salary increases
- Regular status
- Layoff rights
- Vacation leave
- Personal Business leave
- Holiday Leave

SEIU-represented Temporary Appointment

Review applicable collective bargaining agreement provisions for rights and benefits afforded to represented temporary employees.

DESCRIPTION OF WORK ASSIGNMENT. Attach additional pages if necessary.

A) Purpose of position:

B) Primary duties:

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- Your temporary appointment in no way implies or assures a subsequent appointment to any permanent, seasonal, or limited duration position with this agency.
- You will be notified if your termination date is earlier than the date above. You may be terminated at any time at the discretion of the appointing authority.
- Any time away from work must, unless otherwise provided by CHRO Statewide Policy 20.005.20, Fair Labor Standards Act, or Collective Bargaining Agreement (if applicable) be taken as leave without pay.
- In accordance with section (1)(h) of the CHRO Statewide Policy 40.025.01, Temporary Appointments, you have the right to file a written complaint with the Employment Relations Board (ERB) if you believe that the terms and conditions of your temporary employment in any way violate ORS 240.309. The written complaint must be filed with ERB within 30-days after you knew or should have known of the alleged violation. For SEIU represented temporary employees, grievances alleging violations of ORS 240.309 may be submitted only by the Union, directly to the Department of Administrative Services level for full and final review.

SIGNATURES

TEMPORARY EMPLOYEE SIGNATURE

DATE

PHONE NUMBER

SUPERVISOR SIGNATURE

DATE

PHONE NUMBER

APPOINTING AUTHORITY SIGNATURE

DATE

PHONE NUMBER

Original: Employee Personnel File

Copy: Employee