



TEMPORARY APPOINTMENT EXTENSION FORM

FORM PD412A

AGENCY USE ONLY

Attach a copy of the original Conditions of Temporary Appointment PD412

TEMPORARY EMPLOYEE NAME	EMPLOYEE ID #
CLASSIFICATION TITLE / NUMBER / REP CODE	POSITION NUMBER
AGENCY # / NAME	DIVISION / SECTION / UNIT
# OF HOURS WORKED TO DATE IN THIS APPOINTMENT	REQUEST TO EXTEND UNTIL (MM/DD/YYYY)

REASON FOR REQUESTING AN EXTENSION (Check all that apply)

- Temporary employee is a part-time and has not worked for the State the equivalent of six (6) calendar months (1,040 hours) in the preceding 12-months.
- The temporary appointment was made to fill behind an employee on approved leave and the employee has not returned. The Agency requests this temporary appointment be extended until (anticipated return date of employee):

- Other (Please explain):

Original emergency workload need continues to exist. Explain how the original workload continues to be an emergency (unanticipated) and why other alternatives (e.g., limited duration appointment, use of permanent position) are not appropriate:

CONDITIONS OF TEMPORARY EMPLOYMENT

- Your temporary appointment in no way implies or assures a subsequent appointment to any permanent, seasonal, or limited duration position with this agency.
- 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 File
Copy: Employee