



# LIMITED DURATION AGREEMENT

## CHECK ONE (Check one box and fill in the appropriate bargaining unit or service type)

- REPRESENTED: Regular LD Appointment (Non-PERS Retiree) (BARGAINING UNIT NAME)
- REPRESENTED: PERS Retiree LD Appointment (BARGAINING UNIT NAME)
- MANAGEMENT/UNREPRESENTED: Regular LD Appointment (Non-PERS Retiree) (SERVICE TYPE)
- MANAGEMENT/UNREPRESENTED: PERS Retiree LD Appointment (SERVICE TYPE)

## EMPLOYEE INFORMATION

EMPLOYEE NAME

EMPLOYEE ID #

POSITION #

CLASS TITLE / NUMBER

SECTION NAME / PAY DIST

SUPERVISOR

START DATE OF ASSIGNMENT

END DATE OF ASSIGNMENT

## DESCRIPTION OF LIMITED DURATION APPOINTMENT

- Appointment for **special studies or projects** of uncertain or limited duration which are subject to the continuation of a grant, contract, award, or legislative funding for a specific purpose. *(Such appointments shall be for a stated period not to exceed 2 years but shall expire upon the earlier termination of the special study or project.)*
- Appointment for **workload purposes**, when needed to fill short-term or transitional assignments, such as, but not limited to, legislative directive, organizations, or unanticipated workload needs. *(Such appointments shall not exceed 2 years in duration.)*

## ADDITIONAL BENEFIT ELIGIBILITY - Accruals are pro-rated for part-time hours.

- Sick Leave accrual rate will be (8) hours per month.
- Vacation leave accrual will be \_\_\_\_\_ hours of vacation per month.
- Personal leave will accrue at the rate of (24) hours (pro-rated) of personal leave each fiscal year, which is not cumulative from year to year nor compensable in any form other than leave. Personal Leave may be used only **after** initial trial service.
- PEBB health benefits.
- PERS contributions covered under Administrative Rule 105-020-0015, Pickup of Employee Contribution of Retirement.

## TERMS & CONDITIONS OF AGREEMENT

I agree to the terms and conditions of the limited duration appointment assignment listed above. I understand both management and I retain the right to termination this appointment at any time and for any reason. I understand this appointment does not establish layoff or restoration rights and that no guarantee exists to continue employment with the State of Oregon during or beyond the termination of my limited duration appointment, unless specified otherwise in the terms and conditions of this agreement or the applicable collective bargaining agreement.

Employee Signature

Date

Supervisor Signature

Date

Appointing Authority Signature

Date