# University System of New Hampshire
**Casual, Part-Time, Full-Time Temporary Appointment Form**

- **New Hire**: □
- **Change In**: □
- **I-9 sent to HR**: □
- **Date**: ______________

**Name:** ____________________________________________
- Last
- First
- Middle Initial

**USNH ID#:** __________________________

**Employee Information**: (Check the box that applies)

- **Casual Hourly** (JH) – Appointments made for a single event or recurring short-term events. Expected to be generally up to 200 hours per fiscal year.
  - Est. Hours/Week ______

- **Casual Exempt** (JE) – Appointments made for a single event or recurring short-term events. Expected to be generally up to 25 FTE days per fiscal year.
  - Est. Days/Week ______

- **Part-Time Hourly** (CH) – Appointments for staff whose total commitment is expected to be greater than 200 hours but less than 1500 hours per fiscal year.
  - Est. Hours/Week ______

- **Part-Time Exempt** (CE) – Appointments for staff whose total commitment is expected to be greater than 25 FTE days but less than 195 FTE days per fiscal year.
  - Est. Days/Week ______

- **Full-Time Temporary Hourly** (DH) – Appointments for staff whose total commitment is expected to be at least 1500 hours in a fiscal year. Appointments may be renewed for a total of 3 years.
  - Est. Hours/Week ______

- **Full-Time Temporary Exempt** (DE) – Appointments for staff whose total commitment is expected to be at least 195 FTE Days per fiscal year. Appointments may be renewed for a total of 3 years.
  - Est. Days/Week ______

**Daily Rate:** _______  **Contract Amount:** _______

**Hourly Rate:** ___________  **Approver:** ________________________________

**Job Description:** ______________________________________________________

**Home Department Name:** ______________________________________________

**Department Address:** __________________________________________________

**First Day of Appointment:** _____/_____/_____
  - dd
  - mm
  - yy

**Last Day of Appointment:** _____/_____/_____
  - dd
  - mm
  - yy

**Timesheet Organization:** ____________________________  **Job Labor Distribution:** _______
  - Fund
  - Org

**Supervisor’s Name** (Type or print clearly) ____________________________  **Date** ________________

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