

STATEMENT OF AGREEMENT AND UNDERSTANDING

Employment in a Non-Permanent Appointment

Revision Date: 3/2017

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| **Employee Name:** | **Agency/Section/Unit:** |

In accordance with Civil Service Rules, agencies may establish temporary, non-permanent appointments of a limited duration to assist with work of a temporary nature or work overloads. Your signature below indicates that you agree and accept the conditions of this temporary, non-permanent appointment.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ understand that I am accepting a temporary, non-permanent appointment. I understand that the agency has the discretion to extend this appointment under certain conditions or may terminate this appointment at any time for any reason.

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| **Classified WAE Appointment** | **Unclassified WAE Appointment** |

If hired in a WAE Appointment, I understand that I am **not** eligible for or entitled to state benefits, leave earning and paid holidays. I am only authorized to work up to **1245 hours** within a twelve-month period, regardless of the job title or state agency that I work within. The twelve-month period is established upon initial date of hire and the 1245 hours may be worked on a full-time, part-time, or intermittent basis within the twelve-month period. Only the State Civil Service Commission may grant exceptions to this rule. In the event the appointing authority determines that a layoff is necessary, I do not have rights to offers of relocation to another position.

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| **Job Appointment** |

If hired in a Job Appointment, I understand that I **may not** be eligible for or entitled to state benefits. I understand that in the event the appointing authority determines that a layoff is necessary I do not have rights to offers of relocation to another position and this appointment may be terminated.

I have read the above and agree to accept this temporary, non-permanent appointment. I further understand that as long as I remain employed in such a temporary, non-permanent capacity, the aforementioned conditions apply.

**Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HR Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NOTE:** If you have any questions concerning these terms, please consult with your Human Resources Office.