Human Resources

Personnel Records

TEMPORARY APPOINTMENT EXTENSION REQUEST

Print Form

Temporary Appointment Extension Form PD 412A

(Attach original Conditions of Temporary Appointment Form 412)

AGENCY USE ONLY:

1. TEMPORARY EMPLOYEE NAME:	2. EMPLOYEE ID NUMBER:
3. CLASSIFICATION TITLE/NUMBER/REPR. CODE:	4. TEMPORARY POSITION NUMBER:
5. AGENCY NUMBER AND NAME: 29100 Department of Corrections	6. DIVISION/SECTION/UNIT:
7. # OF HOURS WORKED TO DATE IN THIS APPOINTMENT:	8. REQUEST TO EXTEND UNTIL (mm/dd/yyyy):

9. REASON FOR REQUESTING AN EXTENSION (check all that apply):

☐ 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:

☐ Temporary employee is part-time and has not worked for the State the equivalent of six calendar months (1040 hours) in the previous 12 months.

☐ Temporary appointment was made to fill behind an employee on approved leave and the employee on leave has not returned. It is anticipated that the employee on leave will return on _____. Agency requests this temporary appointment be extended to this date.

Other:

10. NOTIFICATIONS:

- 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 HRSD State 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 HRSD State Policy 40.025.01, Temporary Appointments, you have the right to file a written complaint with the Employment Relations Board 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 the Employment Relations Board within 30 days after you knew or should have known of the alleged violation.

11. SIGNATURES:

HUMAN RESOURCE MANAGER SIGNATURE DATE PHONE NUMBER

TEMPORARY EMPLOYEE SIGNATURE DATE PHONE NUMBER

APPOINTING AUTHORITY SIGNATURE DATE PHONE NUMBER

SUBMIT TO: Human Resources Assistant Director Kim Brockamp

☐ APPROVED

☐ DENIED

HUMAN RESOURCE ASSISTANT DIRECTOR SIGNATURE DATE

Original: Employee personnel file
Copy: Employee

PD 412 (revised 08/09)