

**LIMITED TERM EMPLOYMENT REQUEST/REPORT**

STATE OF WISCONSIN/DEPARTMENT OF EMPLOYMENT RELATIONS

DER-MRS-50 (REV 12/01)  Delegated  Non-Delegated

Trans Cd.		Action Cd		SSN		04		Social Security Number		✓					
Name (Last Jr./Sr., First Mid Initial) 0106 <b>Name – Last, First, Middle Initial</b>				Request No.		Agency No. 274		Appt #		Effective Date <b>Date of Hire</b>					
Home Address – No. & Street 0285 <b>Home Address - # and Street</b>				City 0286 <b>City</b>		State 0287 <b>WI</b>		Zip 0288 <b>Zip Code</b>		Name of Agency/Employing Unit <b>UWEX – Department Name</b>					
Mailing Address – P.O. Box 0208 <b>Mailing Address if Different</b>				City 0209 <b>City</b>		State 0210 <b>WI</b>		Zip 0211 <b>Zip Code</b>		Area Code 0289 <b>Home Phone #</b>					
Pay Disp 0270		Bank Transit # 0271		Account # 0272		Acct Type 0273		Check Sort 0218		Sex 0274 <b>Handicap</b> 0277					
Ethnic 0276		Vet Status 0204		Prim Sec Lv 0199		Employee Free Space 0219		Employment Type 2101 10 <input checked="" type="checkbox"/> Short Term 23 ? Provisional (see below)		LTE Position No. 2034					
District Code 2027		Organization Code 2104 <b>274</b>		Employing Unit Code 2103 <b>350</b>		Work Street 2130 <b>Work Address</b>		City 2131 <b>City</b>		State 2132 <b>WI</b>					
Zip 2134 <b>Zip Code</b>		Wk County 2133		Work Schedule 2108		Start Date Present Class 2033		Retirement Category 2124		Base Pay Type 2006 <b>H</b>					
Base Pay Amt 2121 <b>Hourly Salary</b>		Work Room 2129		Area Code 2135		Work Phone 2136 <b>Work Phone Number</b>		HAM RMR Ind 2147		Appt Free Space 2142					
Class Code 2004 <b>Title Code</b>		Class Title <b>Title of Position</b>		Sched <b>Sched</b>		Range <b>Range</b>		EEO Cat							
Trans Information		Fund		Org		Sub Org		Appr		Activity					
Emp Rec 0007		From Agcy # 0008		3001		3002		3003		3004					
3005		3006		3007		3008		3009		3010					
3011		3012		3013		3014		3015		3016					
3017		3018		3019		3020									
Trans Cd 05		Fed-Marital 0125		Exemptions 0126		Add'l Amount 6023		FICA Elg 0129		State of Empl 0154					
State of Rs 0153		State Marital 0127		Exempt		Add'l Amount 6026									
Duties of position (Attach Position Description if necessary to describe duties adequately) <b>(Attach position description with duties of position to completed form)</b>															
Funding String: _____															
Anticipated Duration of Position: _____															
Anticipated Hours Per Week: _____															
Previous State Employment <b>Previous State Employee?</b>				If yes: ? Current Perm Emp. ? Former Perm. Emp. ? LTE				Agency where last employed <b>Department where last employed?</b>				WRS Annuitant ? Yes ? No			
? Yes ? No															
If hired above min. of comparable permanent class check reasons ? Former permanent employee Former pay rate _____															
? Additional training or experience. Attach approved form DER-DCC-43 Class _____ Ending Date _____															
<b>DER COMPLETES</b>															
Justification for Provisional LTE: ? No register available Cert. Reg. No. _____ ? Approved ? Denied ? Date _____															
? No funds for short term LTE: Position No. _____ DER Analyst _____															
? Next schedule exam date of _____ Is greater than 60 days															
Approval information: ? Nominee is on existing register, Title _____ Score _____ Expected date of hire _____															
? Is there an existing exam? ? Yes ? No Agency Contact Person _____															
If no is there documentation identifying nominee qualifications? ? Yes ? No Phone No. _____															

ACKNOWLEDGEMENT: I understand that limited term employment does not give me rights to any permanent civil service position, does not lead to permanent status, and is governed by s.230.26, Wis. Stats., Ch ER-MRS10, Wis. Adm. Code, and Ch. ER 10, Wis. Adm. Code.

I understand that as a limited term employee, I am not eligible for tenure, paid time off (e.g. compensatory time off, vacation, holidays, sick leave), performance awards or the right to compete in promotional exams. I may be eligible for worker's compensation, unemployment compensation and social security coverage. I may become eligible for group insurance and retirement benefits under Ch. 40, Public Employee Trust Fund, Wis. Stats.

I understand that the Administrator, Division of Merit Recruitment and selection (DMRS) has the authority under s.230.26(5), Stats., to terminate my limited term employment if this agency does not comply with s.230.26, Stats. and the administrative rules governing limited term appointments.

I understand the conditions of limited term employment as outlined above.

Employee Signature \_\_\_\_\_ **Employee's Signature** Date \_\_\_\_\_ **Date Signed**

I certify that the limited term employment of the above named individual is made in compliance with s.230.26, Stats., Ch. ER-MRS 10, Wis. Adm.Code, and Ch.ER 10, Wis.Adm.Code; that the employee is qualified to perform the duties of this position; that the total duration of the employment will not exceed legal limits; and that Ch. ER-MRS 24, Wis. Admin. Code, will not be violated by employing the above individual.

Appointing Authority Signature \_\_\_\_\_ Date \_\_\_\_\_

Division of Classification and Compensation Approval (Non-Delegated)		Date		Agency Approval (if different than above) (Delegated)		Date	
				<b>Supervisor/Departmental Signature</b>		<b>Date Signed</b>	

DISTRIBUTION: \_\_\_ Central Payroll \_\_\_ DER \_\_\_ Agency \_\_\_ Employee