

NOTIFICATION OF TEMPORARY OR LIMITED-APPOINTMENT

FOR NON-CLASSIFIED STAFF

I, \_\_\_\_\_, hereby acknowledge notification of  
NAME  
appointment to the position of \_\_\_\_\_,  
TITLE  
\_\_\_\_\_, with the full understanding that  
DEPARTMENT/AREA

this position is:

- 1. TEMPORARY \_\_\_\_\_ LIMITED \_\_\_\_\_
- 2. EFFECTIVE DATE: \_\_\_\_\_ ENDING DATE: \_\_\_\_\_  
(Subject to change if employee on  
leave returns prior to this date)
- 3. FULL-TIME \_\_\_\_\_ PART-TIME \_\_\_\_\_
- 4. HOURS PER WEEK: \_\_\_\_\_
- 5. WITH BENEFITS \_\_\_\_\_ WITHOUT BENEFITS \_\_\_\_\_
- FUNDED BY A GRANT: YES \_\_\_\_\_ NO \_\_\_\_\_
- GRANT ACCOUNT NUMBER: \_\_\_\_\_ %  
\_\_\_\_\_ %

No further notice of layoff or non-renewal will be sent.

\_\_\_\_\_  
EMPLOYEE DATE

\_\_\_\_\_  
SUPERVISOR DATE

cc: Personnel File  
Employee  
Supervisor  
Union: PSA/NEA  
PTAA/AFSCME