UNH Cooperative Extension
Hiring Worksheet for Salary/Exempt Temporary Employees

□ New Hire □ Returning Employee

Name: _____ Soc. Sec. #: _____
Last First Middle Initial (or UNH id#)

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

□ **Casual Exempt (JE)** – Appointments for a single event or recurring short-term event, expected to be no more than 25 FTE days per fiscal year.

Estimated Days/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.

Estimated Days/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.

Estimated Days/Week _____

Job description: _____

Department address *(where employee will be working)*: _____

Employee Email address *(for pay notification emails):* _____

First Day of Appointment: _____ Last Day of Appointment: _____

Amount to be paid: _____

Account to pay from: _____
Fund Org

Supervisor's Signature **Date**