

NORTH CAROLINA DEPARTMENT OF COMMERCE

TEMPORARY SOLUTIONS REQUEST

REQUESTING OFFICE: _____ DATE: _____

PROPOSED EFFECTIVE DATE: _____ THRU: _____ EXTEND: _____

ORGANIZATIONAL LOCATION: _____
(Building, Room #, Phone#, Hours, Supervisor)

DESCRIPTION OF WORK TO BE PERFORMED: _____

JUSTIFICATION: _____

BUDGET INFORMATION:

ACCT/CENTER: _____
ESTIMATED AMOUNT: _____
VACANT POSITION NUMBER-CREATING LAPSED SALARY _____
BILL RATE (personnel only): _____
PAY RATE (personnel only): _____

TEMPORARY'S NAME: _____ START DATE: _____

PLEASE KEEP IN MIND THAT COMMERCE POLICY CANNOT GRANT PAYMENT OF OVERTIME. TEMPORARY EMPLOYEES CANNOT EXCEED 40 HOURS PER WEEK. REQUEST MUST BE SUBMITTED TO HUMAN RESOURCES WITHIN 3-5 BUSINESS DAYS PRIOR TO THE PROPOSED EFFECTIVE DATE. EXTENSTIONS MUST BE SUBMITTED 3-5 BUSINESS DAYS PRIOR TO THE END DATE.

REQUESTED BY: _____
(Division/Commission Head) (Date)

FISCAL OFFICER: _____
(Signature) (Date)

ASSISTANT SECRETARY: _____
(Signature) (Date)

PERSONNEL DIRECTOR: _____
(Signature) (Date)