

HR Use Only: PCN # _____
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**MN State Southeast Technical College**  
**Request to Fill – Permanent/Temporary Position**

For: AFSCME, MAPE, MMA, MNA Commissioner's Plan and Managerial Plan Positions)

Permanent Appointment    
  Initial Temp Appointment    
  Extending Temp Appointment

Department: \_\_\_\_\_ Classification: \_\_\_\_\_

Check One: \_\_\_ Newly allocated     \_\_\_ Formerly/Currently Occupied by: \_\_\_\_\_

<u>Funding Source:</u>			Office Location: _____	
Cost Center #: _____ %: _____ \$: _____	Office Phone #: _____			
Cost Center #: _____ %: _____ \$: _____	Days of Work: _____			
Cost Center #: _____ %: _____ \$: _____	Hours of Work: _____			

**Employment Condition: (Non-Permanent Positions Only)**

___ Intermittent – 1 day to approximately 8 weeks	For Intermittent and Emergency employees with varied dates of work required, list date(s) of work here: _____ _____
___ Temporary – 2 to 6 months, max of 12 months	
___ Emergency – maximum of 45 days	

**Employment Status:**

\_\_\_ Full-time

\_\_\_ Part-time - \_\_\_\_\_ hours/week

\_\_\_ Seasonal - hours per week during academic year: \_\_\_\_\_

  hours per week during summer: \_\_\_\_\_

Proposed Begin Date: \_\_\_\_\_     End Date: \_\_\_\_\_  
(For Temps Only)

**Approvals:**

\_\_\_\_\_  
Dean/Director/Supervisor                      Date

\_\_\_\_\_  
VP Finance & Administration                      Date

\_\_\_\_\_  
Human Resources                                      Date

For Human Resources Use Only:

Successful Candidate: \_\_\_\_\_ Start Date: \_\_\_\_\_

**\*\*\*NOTE: If all information is not completed the form will be returned to the supervisor. \*\*\***