

The following form(s) can be filled in on-line, then printed for signatures and mailing or faxing.

To begin filling out the forms in Acrobat Reader, make sure the **hand** tool is selected then click on a line or in a box and begin typing. Check boxes can be clicked on or off.



Human Resources Office

PART-TIME HOURLY ELIGIBILITY WORKSHEET

Part-time Hourly Positions (object AD)

Position title _____ Class # _____ Pay rate _____

Work site location _____ Mail Stop _____

EMPLOYMENT STATUS

ELIGIBLE POSITION FOR RETIREMENT

- Does this position ever require work for 70 hours or more per month?
 Yes If yes, go to next question. **No** If no, position not eligible for PERS or TRS retirement at this time.
- Does this position require work for 70 hours or more per month for five or more months during the 12-month academic year (September through August) period?
 Yes If yes, go to next question. **No** If no, position not eligible for PERS or TRS retirement at this time.
- Is the position established on an ongoing basis (not a project position with an expected termination date)?
 Yes If yes, position appears to be eligible. **No** If no, position may not be eligible for PERS or TRS retirement at this time.
- If employed in this position, will the employee work in more than one position for CCS?
 Yes If yes, explain below. **No**

ELIGIBLE POSITION FOR HEALTH INSURANCE

- Does this position ever require work in excess of 86 hours per month?
 Yes If yes, go to next question. **No** If no, position not eligible for insurance at this time.
- Will this position require work in excess of 86 hours per month for six or more consecutive months?
 Yes If yes, position appears to be eligible. **No** If no, position not eligible for insurance at this time.

CCS EMPLOYMENT VERIFICATION

If part-time employee is known, please fill out this section to the best of your ability.

Employee name _____

Starting date _____ Termination date (if known) _____

Is this individual currently employed in a part-time position(s) within the District? No Yes

Was this individual previously employed in a part-time position(s) within the District during the last 12 months? No Yes

If yes to either, please specify:

Position _____ Dates _____

Position _____ Dates _____

Position _____ Dates _____

Supervisor's signature _____ Date _____

<p>Business Office Use Only</p> <p>Position number assigned _____</p> <p>Return to HRO</p>
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