

## Conditions of Temporary Employment Form PD 412

AGENCY USE ONLY:		
1. TEMPORARY EMPLOYEE NAME:	2. EMPLOYEE ID OR SSN:	3. FULL-TIME OR PART-TIME: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
4. CLASSIFICATION TITLE / NUMBER / REP. CODE:	5. RATE OF PAY: \$ _____ <input type="checkbox"/> Hourly/ FLSA non-exempt <input type="checkbox"/> Salary/ FLSA exempt	6. POSITION NUMBER:
7. AGENCY NUMBER AND NAME: 29100 – Department of Corrections	8. DIVISION / SECTION / UNIT:	
9. ASSIGNMENT BEGIN DATE:	10. EXPECTED ASSIGNMENT END DATE:	
11. PREVIOUS TEMPORARY ASSIGNMENTS: Has the prospective employee worked for any state agency in the 12 preceding months to the date of this assignment, either as a state temporary or a Qualified Rehabilitation Facility (QRF) temporary employee? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," indicate how many hours the prospective employee has worked during this time: _____	12. Temporary Year (date of initial temp. appointment:  ("Temporary Year(s)" 12-month period(s) following the initial date of temporary appointment with the State or any QRF temporary service.	13. Is the prospective employee a PERS retiree? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," prospective temporary appointee should contact PERS to determine impact to their retirement benefits pursuant to ORS 238.078 and ORS 238.082.
14. The Temporary Appointment is in accordance with the following statutory provisions and is effective as indicated: <input type="checkbox"/> Filling in behind a permanent, seasonal, intermittent or limited duration employee during an approved leave. The assignment will end upon the return of the employee. Duration of leave (if known): _____ <input type="checkbox"/> To meet an emergency, non-recurring, or short-term workload need. The assignment for any single workload need may not exceed six calendar months. <input type="checkbox"/> Attorney General Special Assistant for a period not to exceed 15 months (ORS 180.140 (3)). <input type="checkbox"/> Department of Justice of Office of Administrative Hearings student law clerk for a period not to exceed 24 months. <input type="checkbox"/> Student intern enrolled in high school or is under 19 years of age and is in training to receive a GED certificate.		
15. This is a(n): <input type="checkbox"/> Unrepresented Temporary Appointment. You are not eligible for:  <ul style="list-style-type: none"> <li>• Position reclassification or transfer</li> <li>• Agency promotional opportunities</li> <li>• Regularly scheduled and cost of living salary increases</li> <li>• State medical, dental or insurance benefits</li> <li>• Regular status</li> <li>• Layoff rights</li> <li>• Vacation leave</li> <li>• Sick leave</li> <li>• Personal Business leave</li> <li>• Holiday leave</li> <li>• Differential Pay</li> </ul>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> SEIU-represented Temporary Appointment:  Review applicable collective bargaining agreement provisions for rights and benefits afforded to represented temporary employees.                 </div> </div>		
16. Description of Work Assignment:  A) Purpose of Position:  B) Primary Duties:  (Attach additional sheets if necessary)		

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### 17. NOTIFICATIONS

- Your temporary appointment in no way implies or assures a subsequent appointment to any permanent, seasonal or limited duration position with this agency.
- You will be notified if your termination date is earlier than the date above. You may be terminated at any time at the discretion of the appointing authority
- Any time away from work must, unless otherwise provided by HRSD State Policy 20.005.20, Fair Labor Standards Act, or collective bargaining agreement (if applicable) be taken as leave without pay.
- In accordance with Section (1)(h) of HRSD State Policy 40.025.01, Temporary Appointments, you have the right to file a written complaint with the Employment Relations Board if you believe that the terms and conditions of your temporary employment in any way violate ORS 240.309. The written complaint must be filed with the Employment Relations Board within 30 days after you knew or should have known of the alleged violation. For SEIU represented temporary employees, grievances alleging violations of ORS 240.309 may be submitted only by the Union, directly to the Department of Administrative Services level for full and final review.

### 18. SIGNATURES:

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TEMPORARY EMPLOYEE SIGNATURE	DATE	PHONE NUMBER
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SUPERVISOR SIGNATURE	DATE	PHONE NUMBER
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APPOINTING AUTHORITY	DATE	PHONE NUMBER
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Original: Employee Personnel file  
Copy: Employee

PD 412 (revised 12/06)

**Request to Extend a Temporary Appointment Form PD 412A**  
 (Attach original Conditions of Temporary Appointment Form 412)

**AGENCY USE ONLY:**

1. TEMPORARY EMPLOYEE NAME:	2. EMPLOYEE ID NUMBER:
3. CLASSIFICATION TITLE / NUMBER / REPR. CODE:	4. TEMPORARY POSITION NUMBER:
5. AGENCY NUMBER AND NAME: 29100 – Department of Corrections	6. DIVISION / SECTION / UNIT:
7. # OF HOURS WORKED TO DATE IN THIS APPOINTMENT:	8. REQUEST TO EXTEND UNTIL:

9. REASON FOR REQUESTING AN EXTENSION (check all that apply):

Original Emergency Workload Need Continues to Exist. Explain how the original workload continues to be an emergency (unanticipated) and why other alternatives (e.g.; Limited Duration appointment, use of permanent position) are not appropriate:

Temporary employee is part-time and has not worked for the State the equivalent of six calendar months (1040 hours) in the previous 12 months.

Temporary appointment was made to fill behind an employee on approved leave and the employee on leave has not returned. It is anticipated that the employee on leave will return on \_\_\_\_\_ Agency requests this temporary appointment be extended to this date.

Other:

10. NOTIFICATIONS:

- Your temporary appointment in no way implies or assures a subsequent appointment to any permanent, seasonal or limited duration position with this agency.
- Any time away from work must, unless otherwise provided by HRSD State Policy 20.005.20, Fair Labor Standards Act, or collective bargaining agreement (if applicable) be taken as leave without pay.
- In accordance with Section (1)(h) of HRSD State Policy 40.025.01, Temporary Appointments, you have the right to file a written complaint with the Employment Relations Board if you believe that the terms and conditions of your temporary employment in any way violate ORS 240.309. The written complaint must be filed with the Employment Relations Board within 30 days after you knew or should have known of the alleged violation. For SEIU represented temporary employees, grievances alleging violations of ORS 240.309 may be submitted only by the Union, directly to the Department of Administrative Services level for full and final review.

11. SIGNATURES:

TEMPORARY EMPLOYEE SIGNATURE	DATE	PHONE NUMBER
SUPERVISOR	DATE	PHONE NUMBER
HUMAN RESOURCES APPOINTING AUTHORITY SIGNATURE	DATE	PHONE NUMBER

**DAS USE ONLY:**

APPROVED  
 DISAPPROVED

\_\_\_\_\_

DAS HUMAN RESOURCE SERVICES DIVISION                      DATE                      PHONE NUMBER

Original: Employee personnel file  
 Copy: Employee

PD 412 (revised 11/06)