Clayton State University
Temporary Employment Statement of Acknowledgement

I am applying for a temporary position with the Clayton State University. I fully understand the following conditions of employment as outlined:

1.   I am not eligible for benefits.

2.   I am required to participate in the Georgia Defined Contribution Plan (GDCP), the state retirement plan for part time employees. The required participation is 7.5% of my gross salary.

3.   I will not accrue Annual or Sick Leave.

4.   I have been approved for temporary employment for a period of six (6) months at which time I will be terminated for a period of no less than thirty (30) days before I can be re-employed as a temporary employee with Clayton State University. If there is a demonstrated staffing need, a request for an extension of temporary employment for up to an additional six (6) months may be granted by the appropriate approval authority (total of 12 months). At which time my employment with Clayton State University will be terminated for a period of no less than thirty (30) days before I can be employed as a temporary employee with Clayton State University.

5.   As a temporary employee I may not work more than the total number of weekly hours approved for my temporary position by the Human Resources Department at the time of my hire. I will only be scheduled for hours required to meet the needs of the department. I will not necessarily be guaranteed a specific schedule or specific number of hours. The department may decide not to schedule me for any hours.

6.   To obtain regular employment with the Clayton State University, I understand that I must apply for regular positions posted on the CSU employment web page and must be selected for that position through the regular recruitment process.

I accept this position with full understanding and acknowledgement of the conditions outlined.

_____   _____
Employee   Date