

## **TEMPORARY EMPLOYEE AGREEMENT**

Full-Time Part	t-Time	Benefits		
Employee Name:				
Employee Email:	Employee Phone Number:			
Project Name:				
Funding Source:				
Supervisor Name:				
Work Location:			*Part-Time	**Full-Time
Temporary Position:				
Pay Rate:		Hiring Date:	End Date:	
hours or more a week and will be Pay periods are semi-monthly and You are entering this temporary er reason or no reason at all. The We conclude its relationship with you	all paymon nploymen st Virginia	ents to employees will be by cl at position voluntarily and you a a State University Research & I	heck or electronic funds.  are free to resign at any tim Development Corporation	ne and for any
Employee Signature:				
APPROVALS				
Reporting Supervisor:				
Assistant Program Director:				
Dean/Director:				
Budget Office:				
Vice President/Provost Office:				
Title III Director:				
Executive Director: —				
Director of Payroll Benefits:				