

Temporary and Seasonal Position Request

The State of Vermont strives to keep the use of temporary and seasonal employees to a minimum. Nevertheless, some State agencies have pressing logistical needs for temporary staff. You should be aware that use of temporary and seasonal employees is restricted by 3 VSA § 331.

The maximum number of hours a temporary employee may be employed (hours worked) is 1,280 per calendar year, or approximately 49 hours per pay period for a full year. Seasonal employees may work more than 1,280 hours in a calendar year however the maximum number of months a seasonal employee may be employed is seven consecutive months.

Additional information can be found on the DHR website at <https://humanresources.vermont.gov/classification-position-management/position-management/temporary-position-requests>

DHR Administrator will submit request to: DHR.Temps@vermont.gov

TEMPORARY EMPLOYMENT:

- **IS LIMITED TO 1,280** hours of work per calendar year, except in cases of emergency as authorized by the Commissioner of Human Resources.

SEASONAL EMPLOYMENT:

- **IS LIMITED TO SEVEN** months of work per calendar year, except in cases as authorized by the Commissioner of Human Resources.

TEMPORARY AND SEASONAL EMPLOYMENT DOES NOT CONFER ACCESS TO PERMANENT EMPLOYMENT IN STATE GOVERNMENT Temporary employees must compete on an equal footing (or "open competitive basis") with other non-state employee applicants for permanent employment. If hired on a permanent basis, a former temporary employee must satisfactorily complete an original probationary period, as would any newly hired employee.

TEMPORARY and SEASONAL EMPLOYEES:

- **ARE ENTITLED TO OVERTIME IN ACCORDANCE WITH FEDERAL LAW,** The State cannot guarantee how long a temporary job will last and cannot guarantee 40 hours of work per week.
- **ARE NOT ELIGIBLE FOR THESE STATE BENEFITS:** medical benefits programs, dental insurance, long term disability insurance, group life insurance, annual leave, personal leave, retirement benefits, and holiday compensation for time not actually worked.
- **ARE NOT COVERED BY RIGHTS, BENEFITS, PROCEDURES, AND PRIVILEGES OF CLASSIFIED EMPLOYMENT** including, but not limited to those conferred by the collective bargaining agreement.

Requester Information

Agency/ Department/ Division / Program:

Requester Name:

Requester Phone:

Requester email:

Department HR Manager name:

Department HR Manager email:

Temporary and Seasonal Position Request

Type of Temporary Position

☐**Seasonal :**

Season Begins:

Season Ends:

☐**Fill-in:**

Describe the specific fill-in situation and why a fill in is needed.

Fill-in Position Number:

Fill-in Absent Employee Name :

Fill-in Position Title:

☐**Intermittent:**

Describe the workload fluctuation or peak periods.

☐**Sporadic:**

Describe the special project or other sporadic need.

☐**Bona-Fide
Emergency**

Describe the emergency situation.

☐**Part-Time—should average less than 20 hours per week, not to exceed 1,280**

Temporary Position Information

Total number of hours / months the temporary employee will work during the calendar year, not to exceed 1,280 hours / seven months:

Effective date:

Position Number (if reusing an existing Temporary Position):

Job Title:

Job Code:

Pay Grade:

Business Unit:

Department ID:

Location & Zip:

Total annual cost for this position including salary:

Are these costs budgeted?

☐**Yes**☐**No**

Indicate Source of Funds:

_____ General

_____ Federal

_____ Special

_____ Other

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Temporary / Seasonal Position Justification

Please explain how the position fits into the department or agency priorities, how the position is critical to the work of the organization, and how the agency/department will ensure the employee does not work in excess of 1,280 hours/seven months in the calendar year. Responses can be done separate from this document and attached.

Due to the Affordable Care Act, should a temporary employee work 1,560 or more hours in a 12 consecutive month period, penalties may be assessed to the department for that employee.

Affordable Care Act (ACA)

Does the agency/department understand that using temporary employees for more than 1,280 hours in a 12 month period will require completion of the “Request for Waiver of Temporary Employee Hours” form?

☐ I acknowledge

Does the agency/ department understand that temporary employees working 1,560, or more, hours in a **calendar year** may result in the agency/ department incurring up to a \$3000.00 penalty, or more, per temporary employee meeting the above mentioned hours under the ACA?

☐ I acknowledge

Does the agency/department understand that temporary employees working 1,560 hours, or more, in a **12 consecutive month period** may result in the agency/ department incurring up to a \$3000.00 penalty , or more, for that employee?

☐ I acknowledge

Does the Agency/Department have sufficient budgeted funds to pay such fines if and when they are incurred?

☐ Yes ☐ No

Appointing Authority Signature:

Date:

☐ Request Approved

☐ Request Denied

Date: