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## Temporary Position Request

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The State of Vermont strives to keep the use of temporary employees to a minimum. Nevertheless, some State agencies have pressing logistical needs for temporary staff. You should be aware that use of temporary 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, regardless of the type of temporary position. Type of position means: seasonal, sporadic, fill in, intermittent, and bona fide emergency. In addition, if a temporary employee works in more than one position during the calendar year, even if the positions are in different departments, the total hours that employee may work in ALL positions is 1,280 during each calendar year. Due to the Affordable Care Act, should a temporary employee exceed 1,560 hours in a 12 consecutive month period, penalties may be assessed to the department for that employee.

### **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.
- **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 EMPLOYEES:**

- **ARE PAID ONLY FOR ACTUAL HOURS WORKED** and 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, sick leave, 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.

Requests should be submitted to: [DHR.Temps@state.vt.us](mailto:DHR.Temps@state.vt.us)

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### **Requester Information**

Agency/ Department/ Division / Program:

Requester Name:

Requester Phone:

Requester email:

Department HR Manager name:

Department HR Manager email:

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## Temporary Position Request

**Type of Temporary Position**

<input type="checkbox"/> <b>Seasonal :</b>	Season Begins:	Season Ends:
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<input type="checkbox"/> <b>Fill-in:</b>	Describe the specific fill-in situation and why a fill in is needed.
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Fill-in Position Number:	Fill-in Absent Employee Name :
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Fill-in Position Title:
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<input type="checkbox"/> <b>Intermittent:</b>	Describe the workload fluctuation or peak periods.
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<input type="checkbox"/> <b>Sporadic:</b>	Describe the special project or other sporadic need.
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<input type="checkbox"/> <b>Bona-Fide Emergency</b>	Describe the emergency situation.
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**Part-Time—must average less than 20 hours per week, not to exceed 1,040**

**Temporary Position Information**

Total number of hours the temporary employee will work during the calendar year, not to exceed 1,280 hours:
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Effective date:	Position Number (if reusing an existing Temporary Position):
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Job Title:	Job Code:
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Pay Grade:	Business Unit:	Department ID:	Location & Zip:
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Total annual cost for this position including salary:	Are these costs budgeted? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
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Indicate Source of Funds:
_____%General            _____%Federal            _____%Special            _____%Other

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## Temporary Position Request

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### Temporary 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 in the calendar year. Responses can be done separate from this document and attached.

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### 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

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**Appointing Authority Signature:**

**Date:**

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**Commissioner of Human Resources Signature:**

**Date:**

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Request Approved

Request Denied

**Date:**