

**University of Hawai'i, Maui College
REQUEST FOR CASUAL/OVERLOAD (CC FORM 20A)**

Job Order No. _____
HRO use only

I. Type of Appointment:

Casual or Overload *(Choose one)*
Instructional or Non Instructional *(Choose one)*

Related Position #: _____ Initial Appointment Reappointment # _____

List the Equivalent BOR class (include position title):

II. Appointment Information:

Requesting Department Program: _____

Contact Person: _____ Phone No: _____

TAPS Timesheet Supervisor: _____

Account Code(s) to Charge: _____

Appointment Period: FROM: _____ TO: _____

Number of Hours: _____ per week/total **OR** Number of Credits/TE _____
(Check per week or total)

Requested Rate of Pay: _____ hourly/monthly **OR** _____ Flat Fee
(Check hourly or monthly)

III. How was pay rate determined?

IV. Description of Duties and Minimum Qualification(s): *(Attach a separate sheet if needed.)*

V. Justification for appointment & impact if not approved: (Attach a separate sheet if needed)

VI. Appointee Information: *(For Overloads Only) Attach [UH Form 3](#) along with this form.*

Current UH Employment Information:

Campus: _____ Position: _____

Name: _____

Pay Range/Step: _____ FTE: _____ Type of Appointment: ___ 9 month ___ 11 month

VII. Approval of Appointment

REQUESTOR:

Requestor Date

Supervisor/Dean/Vice Chancellor/Chancellor/Director Date

Adequate funds are available to support this request.

PRINCIPAL INVESTIGATOR:

Principal Investigator Date

HUMAN RESOURCES OFFICER:

Human Resources Officer Date

FISCAL OFFICER(S):

Fiscal Officer Date

OEP Fiscal Officer Date

CHANCELLOR:

Chancellor Date

For HRO Use Only:

Job Order No: _____ Date Posted on HireNet: _____ Closing Date: _____

Date Application Referred: _____ Date Certification Memo Received: _____

Selectee: _____