

Limited Term Employment Acknowledgement Form

EMPLOYEE NAME _____
(Please Print)

DEPARTMENT _____

SUPERVISOR _____

ACKNOWLEDGEMENT

I understand that limited term employment does not give me rights to any permanent civil service position, does not lead to permanent status, and is governed by s. 230.26, Wis. Stats, Ch ER-Pers 10, Wis. Adm. Code, and Ch. ER 10, Wis. Adm. Code.

I understand that as a limited term employee, I am not eligible for tenure, paid time off (e.g. compensatory time off, vacation, holidays, sick leave), performance awards or the right to compete in promotional exams. I may be eligible for worker's compensation, unemployment compensation and social security coverage. I may become eligible for group insurance and retirement benefits under Ch. 40, Public Employee Trust Fund, Wis. Stats.

I understand that the Administrator, Division of Merit Recruitment and Selection (DMRS) has the authority under s.230.26(5), Stats., to terminate my limited term employment if this agency does not comply with s.230.26, Stats. and the administrative rules governing limited term appointments.

I understand the conditions of limited term employment as outlined above.

Employee Signature: _____ Date: _____

I certify that the limited term employment of the above named individual is made in compliance with s.230.26, Stats., Ch. ER-Pers 10, Wis. Adm. Code, and Ch. ER 10, Wis. Adm. Code; that the employee is qualified to perform the duties of the position; that the total duration of the employment will not exceed legal limits; and that Ch. ER-Pers 24, Wis. Admin. Code will not be violated by employing the above named individual.

Appointing Authority Signature: _____ Date: _____
(Human Resources Representative)

PLEASE SEND TO HUMAN RESOURCES