OGLALA LAKOTA COLLEGE
490 Piya Wiconi Road
Kyle, SD 57752
REQUEST FOR

☐ PART-TIME EMPLOYEE ☐ Student Researcher ☐ Tutor ☐ Peer Mentor

NAME:_____ Date: _____
Position: _____
Immediate Supervisor: _____
Department: _____
Department Chairperson: _____
Wage per hour: $_____ Funding Cap: $_____
Funding Source/Account #:_____ Percent: _____
_____ _____
_____ _____

Summary of Duties _____
_____
_____
_____

I accept this temporary appointment and agree to abide by the rules and regulations of Oglala Lakota College and the available funding source. I agree to perform the duties indicated above in a consistent and professional manner. I understand this appointment is not to exceed 12 months and may be terminated at any time without reason or written notice. I am eligible for any legally required fringe benefits, i.e., social security.
Accepted by:

_____ _____
Date Signature

_____ _____
Date Signature of Person Requesting Temporary Employee/Supervisor

_____ _____
Date President

Attach this original to an application and submit to the Personnel Office with a signed I-9, W-4 and 2 proofs of ID. Retain a copy for the employee and for your department file.

10.20 dc