The purpose of the Emergency Employment Approval process is to provide a procedure by which units may gain immediate approval from the Office of the Academic Affairs to employ individuals to meet unanticipated needs. The regular appointment/contract process must be followed immediately, if not already underway.

Primarily, this procedure is to be used to gain approval for faculty (including clinical and teaching assistants) to begin work. Academic Affairs will sign and return the form immediately to the requesting unit when it is presented.

When presenting this form, be able to certify that:

- the applicant’s educational credentials/qualifications have been presented to the unit and authenticity has been verified;
- the applicant’s eligibility to be employed by TSU has been verified. This may involve consulting Human Resources;
- the applicant has not begun any work as of date signed (Requested beginning date cannot be earlier than date signed by the Vice President). The named individual will not be allowed to begin work on date requested unless a signed copy of the form has been signed by the VPAA or designee and the signed copy filed in the individual’s personnel file in Departmental office.

This form is used where:

- hiring document is being prepared by the requesting unit.
- appointment form has been submitted, via PEOPLEADMIN, but approval has not been received by the unit. (Attach a copy of PEOPLEADMIN appointment form already submitted.)

This form is not used:

- to gain approval for any individual to work whose qualifications and eligibility have not been verified;
- to “correct” a violation where an individual has been allowed to begin work without authorization, or to “extend” an expired employment agreement;
- in any instance where employment can be delayed until the normal processing, via PEOPLEADMIN, can be completed;
- to change any condition of the employment/workload of a faculty member presently employed (extra service, overload, account percentage, etc.). Standard forms should be prepared and presented for ‘emergency’ approval.
EMERGENCY EMPLOYMENT APPROVAL FORM

(Form must be typed)

(Instructions are given for intended use of this form. Please do not use unless you have read all instructions. If it is necessary to re-key this form, please insure that instructions are verbatim and format exact.)

I am requesting approval for the individual named below to begin work:

Name (last, first, middle {Please Print})

........................................................................................................................................

T#..................................................................................................................................

Beginning date.................................................Ending date ...........................................

Previously employed by TSU: Yes__________ No__________ Do not know __________

Will be employed as: (check as applicable)

Full-time faculty _________  Adjunct faculty _________  Graduate Assistant _________

Temporary faculty (one semester)_______  Temporary faculty (two semesters/annual) ______

FOAP ______________________________________________ Position No. __________________________

Name of Department/unit __________________________

PEOPLE ADM Appointment Form: ______ Attached  Being prepared* _________________date

*Academic Affairs must receive by (date)____________________________

My signature below verifies that as of this date, the individual named above has not begun any work for the period requested. I also certify that the named individual will not be allowed to begin work until a copy of this form has been signed by the VPAA or designee and a copy filed in the individual’s personnel file in Departmental office. I have verified that funds are available and have verified the individual has the credentials required for employment in the position requested. I have also verified eligibility to work at Tennessee State University and acquired necessary documents required by the Human Resources Office.

Signature ______________________________________________ Date _________________

Recommended: __________________________________________ Date _________________

Dean/Director

Approval: ______________________________________________ Date _________________

Provost and Executive Vice President (or designee)