*SLIP participants may only be hired into a temporary appointment. This form must be completed and approved prior to extending an offer of employment to a SLIP participant. This process applies to employees who are being hired through any State of Iowa payroll system as well as to employees being hired through a temporary placement agency or on a professional service contract. Submit the completed form to your assigned DAS-HRE Personnel Officer for approval.*

|  |  |
| --- | --- |
| **SLIP Participant Name:** |       |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Hire Type:** | [ ]  | **HRIS** |  | [ ]  | **Professional Services Contract** |

|  |  |
| --- | --- |
| **HRIS Position Number (if applicable):** |       |

|  |  |
| --- | --- |
| **Proposed Beginning Date:** |       |

|  |  |
| --- | --- |
| **Proposed Ending Date:** |       |

|  |  |
| --- | --- |
| **Total Number of Hours:** |       |

**Describe the duties to be performed:**

|  |
| --- |
|       \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

**Justification for hiring this SLIP participant:**

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| --- |
|       \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ |

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| --- | --- | --- | --- |
| **Department Director Signature** |  | **Date** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Personnel Officer Signature** |  | **Date** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **DAS-HRE COO Signature** |  | **Date** |  |