**BEQUEST FOR TEMPORARY POSITION**

- PROPOSED CLASSIFICATION _____ DATE _____

  SALARY GRADE_____ HOURLY RATE _____

  SALARY SCALE USED _____ TYPE OF POSITION

  REQUESTED **(ATTACH JUSTIFICATION)**

  LABOR        RECURRING        PART-TIME EXTENDED DURATION        PEAKLOAD/EMERGENCY

  NUMBER OF POSITIONS REQUESTED _____ NUMBER OF HOURS PER WEEK _____

  POSITION DURATION_____**BEGINNING** _____**ENDING**_____

  **ATTACH POSITION DESCRIPTION** INCLUDING PREFERRED EDUCATION & EXPERIENCE REQUIREMENTS. DIVISION ____

  SECTION _____ LOCATION _____

  IMMEDIATE SUPERVISOR _____TELEPHONE # _____

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**REQUEST FOR ESTHNSION/REVISION OF A TB<4PORARY POSITION**

POSITION NUMBER

CLASSIFICATION **_____**                                    DATE _____

TITLE _____

- SALARY GRADE _____HOURLY RATE _____SALARY SCALE USED

ᴊ DIVISION _____ SECTION

  IMMEDIATE SUPERVISOR _____LOCATION_____

  DATE POSITION ORIGINALLY ESTABLISHED _____
  NUMBER OF EXTENSIONS PREVIOUSLY REQUESTED_____

  LENGTH OF EXTENSION REQUESTED _____ BEGINNING_____ ENDING _____

  POSITION ACTION REQUESTED (REALLOCATION, LOCATION CHANGE, ETC. **ATTACH JUSTIFICATION)**

  _____

  WILL PRESENT EMPLOYEE OCCUPY POSITION DURING EXTENDED PERIOD? _____ NAME OF EMP

  EMPLOYEE'S CURRENT SERVICE BEGINNING _____ ENDING _____

  **SIGNATURE OP DIVISION HEAD OR PROGRAM DIRECTOR**_____

  FUNDING SOURCE _____APPROVAL BY

  SALARY GRADE _____ HOURLY RATE

  APPROVED BEGINNING_____ AND ENDING _____

  APPROVED BY

  _____

Supervisor's Signature                    Approved by Park Superintendent



DIVISION OF PARKS ANA RECREATION TEMPORARY

LABOR/SEASONAL EMPLOYMENT RECOA4IENDATION


Position Classification_____ Location

Position (i_____ Supervisor:

Employee Replaced _____ Last Day Worked_____

Effective Date: _____ Salary Grade:_____ Hourly Rate: _____

Date Position listed with ESC/Vacancy list:_____ Location:_____


Supervisor's Ranking of Applicants: (Attach copy of each application)

        Nane                     Race/Sex       Reason for or for not recommending

_____          _____

ALPHABETICAL ROSTER OF TEMPORARY EMPLOYEES

| NAME | SOCIAL SECURITY # | POSITION NUMBER | CLASSIFICATION TITLE | HOURLY RATE | LOCATION | BEGIN DATE | END DATE |
|------|-------------------|-----------------|----------------------|-------------|----------|------------|----------|

DI\ISION OF PARKS AND RECREATION

PARK_____

Quarterly EEO Report - Temporary Employees


DATES:_____
          (Beginning)                    (Ending)


| | WF | BF | 0`4 | OF | TOTAL | INDCP | OLDER WRKER | VF-¯ |
|---|---|---|---|---|---|---|---|---|

Individuals Employed:
     (This Quarter)


Individuals Separated:
     (This Quarter)


•otal Current Temporary
   Workforce:

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                        SEASONAL
                EXIT INTERVIEW QUESTIONNAIRE

            NC DIVISION OF PARKS AND RECREATION



            P. O. Box 27687, Raleigh, NC 27611-76.87
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**This exit interview helps the Division to evaluate our seasonal employee progra.**
**Your objective** feedback to **the following questions is important. It enables the**
**Division to recognize** our strengths **and the needs and problems of our employees.**
**Thank you.**

Name of Park or Recreation Area:

Name of Position you worked in:
        (Example: Lifeguard, Park Attendant, etc.)


1. Did your seasonal work experience meet your expectations?        Why or why not?




2. What attracted you to the position initially?




3. Would you consider re-employment by the Division if given the opportunity?
   Yes        No        Why or why not?




4. Was your salary commensurate with your duties? Yes            No
   Comments:




5. Were the uniforms provided to you adequate? Yea        No


6. **Were** *your* living accommodations satisfactory, **if available?**    **Yes**        No
   Comments:


7. Were the uniforms and/or housing incentives to work with us?        **Yes**        No

Comments: _____

S. How would you rate your Supervision on the following points?

|  | Almost Always | Usually | Sometimes | Never |
|---|---|---|---|---|
| Follows policies and procedures................... | ( ) | ( ) | ( ) | ( ) |
| Demonstrates Fair & Equal Treatment.............. | ( ) | ( ) | ( ) | ( ) |
| Provides Recognition On The Job.................. | ( ) | ( ) | ( ) | ( ) |
| Develops Cooperation............................. | ( ) | ( ) | ( ) | ( ) |
| Resolves Complaints, Grievances & Problems | ( ) | ( ) | ( ) | ( ) |
| Provides Proper Safety Training & Instructions | ( ) | ( ) | ( ) | ( ) |

9. How would you rate the following in your unit?

|  | Excellent | Good | Fair | Poor |
|---|---|---|---|---|
| Communications with supervisor and co-workers. | ( ) | ( ) | ( ) | ( ) |
| Working Conditions .................................... | ( ) | ( ) | ( ) | ( ) |
| Training ............................................. | ( ) | ( ) | ( ) |  |
| Assignments and Instruction.......................... | ( ) | ( ) | ( ) | -, |
| Equipment provided for specific assignments... | ( ) | ( ) | ( ) | ( ) |

10. What aspects of the job did you dislike the most?

11. What aspects of the job did you like the most? 12.

What could we have done better? 13. Any additional

comments:

Employee's Signature (Optional)

Please send coopleted questionnaire to Judy Warren, Division of Parks and Recreation, PO Box 27687, Raleigh, NC 27611-7687.