**CHASS HR Services**

**No-Pay Service Request Form**

**Step 1: Review No-Pay Process and complete for all types of No-Pay Service:**

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| **Employee Information** | | **Job Information** | |
| First Name | Enter first name | Department | Select department from dropdown |
| Middle Name | Enter middle name | Qualifying No-Pay Service | Select service |
| Last Name | Enter last name | Supervisor Position # | Enter position # |
| Date of Birth | Enter birthdate | Campus Box | Enter box # |
| Email Address | Enter email | Work Location | Choose an item |
| Employee ID # | Enter ID # if current or former employee | Building & Room # (if on campus) | Enter building |
| Record # | Enter Record # if current employee | Appointment (academic or fiscal) | Select appointment type |
| **Background Check** - All no pay appointments require a background check with the exception of retirees and emeritus appointments. If the person will be working with minors (people under the age of 18), an additional check will be needed.  **Could/will this person be working with minors (people under the age of 18)? Yes No** | | | |

**Step 2: Complete only the relevant section below for the selected qualifying service:**

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| **Emeritus Faculty** (HR action will be entered in accordance with the approval letter from Chancellor) | |
| Is this a New Emeritus Appointment or a Reappointment? | Choose a response |
| Did department receive an approval letter from the Chancellor? (only required for new appointments) | Select answer |
| Upload via CPAWS: 1) this form completed, 2) approval letter from Chancellor (only for new appointments) | |

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| **Retiree not Appointed Emeritus Status** (no-pay appointments are not required for retirees) | | | |
| Proposed Begin Date (effective date will be latter of proposed begin date and approval date) | | | Propose a future date |
| Did this individual officially retire, not just resign, from NC State (no-pay retiree status is not an option for those that did not retire)? | | | Select answer |
| Is department willing to ensure that all access requirements are met? | | | Select answer |
| Head’s signature indicates department will stay in contact with retiree and ensure all security requirements are met (e.g., two-factor authentication, required security training, etc.) | | | |
| Department Head Signature |  | Date |  |
| Upload via CPAWS: 1) this form completed and signed by Head | | | |

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| **Unpaid Faculty**  (adjunct or visiting faculty) unpaid part-time appointments as described in REG 05.20.34. Visiting faculty limited to faculty in residence at NC State who retain their status at another institution) | | | | | |
| Proposed Begin Date (effective date will be latter of proposed begin date and approval date) | | | | | Propose a future date |
| Appointment End date (no longer than three years from effective date) | | | | | Select end date |
| Type of Unpaid Faculty Appointment | | | | | Select type of appointment |
| Is this a new appointment or reappointment? | | | | | Select new or reappointment |
| Will this unpaid faculty serve as Instructor of Record? (if yes, please upload CV for Education Verification) | | | | | Choose a response |
| Did you provide a valid email address in section 1? | | | | | Choose a response |
| FTE (must be less than .75) | | Enter FTE | Rank | Select rank | |
| Describe responsibilities and/or contributions | Describe responsibilities in complete sentences | | | | |
| Will this individual be conducting research (if yes, complete step 3 below)? | | | | | Select answer |
| Head’s signature certifies that rank complies with [REG 05.20.34](https://policies.ncsu.edu/regulation/reg-05-20-34/), including faculty vote if applicable. | | | | | |
| Department Head Signature | |  | | Date |  |
| Upload via CPAWS: 1) this form completed and signed by Head. | | | | | |

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| **Unpaid Research Scholar**  An individual that is performing unpaid research activities on or off campus. This individual may interact with faculty, students and/or staff and will need access to University resources. | | | | |
| Proposed Begin Date (effective date will be latter of proposed begin date and approval date) | | | | Propose a future date |
| Appointment End date (no longer than three years from effective date) | | | | Select end date |
| Did you provide a valid email address in section 1? | | | | Choose a response |
| Describe responsibilities and/or contributions | Describe responsibilities in complete sentences | | | |
| Rank (if applicable) | Select rank | | | |
| Because this individual is conducting research, Step 3 below is required. Did you complete step 3? | | | | Select answer |
| Head’s signature certifies agreement with the service the unpaid researcher will be providing. | | | | |
| Department Head Signature | |  | Date |  |
| Upload via CPAWS: 1) this form completed and signed by Head. 2) Copy of fully executed Visiting Researcher Agreement | | | | |

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| **Volunteer** (generally service for civic, charitable, or humanitarian reasons) | | | | |
| Proposed Begin Date (effective date will be latter of proposed begin date and approval date) | | | | Propose a future date |
| Appointment End Date (cannot exceed one year) | | | | Select end date |
| Is this a new appointment or reappointment? | | | | Select new or reappointment |
| Describe volunteer services | Describe volunteer services in complete sentences for Volunteer Agreement | | | |
| Will this individual be conducting research (if yes, complete step 3 below)? | | | | Select answer |
| Did you provide a valid email address in section 1? | | | | Choose a response |
| Head’s signature certifies agreement with the services the volunteer will be providing. | | | | |
| Department Head Signature | |  | Date |  |
| Upload via CPAWS: 1) this form completed and signed by Head. | | | | |

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| **Exception to Policy** (short term access only for approved exceptional circumstances) | | | | |
| Proposed Begin Date (effective date will be latter of proposed begin date and approval date) | | | | Propose a future date |
| Appointment End Date (should not exceed two months) | | | | Select end date |
| Describe exceptional circumstances | Describe exceptional circumstances. | | | |
| Did you provide a valid email address in section 1? | | | | Choose a response |
| Will this individual be conducting research (if yes, complete step 3 below)? | | | | Select answer |
| Head’s signature certifies accuracy of exceptional circumstances. Dean’s signature approves exception to the policy for short-term access. | | | | |
| Department Head Signature | |  | Date |  |
| Dean Signature | |  | Date |  |
| Upload via CPAWS: 1) this form completed and signed by Head and Dean. | | | | |

**Step 3: Complete this section for any qualifying service that will include conducting research:**

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| **Conducting Research** (must be completed if “yes” was answered regarding conducting research for any qualifying service above) | |
| Did department provide fully executed Visiting Researcher (VRA) Agreement? VRA process found [here](https://research.ncsu.edu/research-visitors/). | Select answer |
| Upload via CPAWS: 1) this form completed and 2) copy of fully executed Visiting Researcher Agreement | |

**Step 4: Sign, date, and upload this form and required documents to CPAWS:**

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| **Requestor Information** | | | |
| Coordinator of Business Services Signature |  | Date |  |