**STT BODY OF WORK   
APPEAL FORM**(For short-term temporary employees)

Name Contact Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_\_

Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code\_\_\_\_\_\_

Employee ID Job title Union \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

King County Department/Division of Employment

Supervisor Name Current Scheduled Hours Per Week (35/40/Other) \_\_\_\_

Brief Summary of Duties

Period of Employment - From To

Total number of hours worked as a short-term temporary and/or contract worker including overtime if applicable in the:

|  |  |
| --- | --- |
| Current Year | Previous Year |
|  |  |

Please check the box that applies to your situation:

🞎 I have exceeded the calendar year working hour threshold of 910 or 1040 hours.

🞎 Other.

Explain why you feel that the body of work which you have been performing is ongoing, relatively stable, predictable, and half-time or more on an annualized basis and should be converted to a Career Service position.

*I am providing the following information and attached documentation in support of my appeal (attach additional pages if needed*):

Signature Date

**SEND APPEALS TO: Career Service Review Committee (CSRC)**

**c/o Human Resources Division Director**

**Department of Executive Services**

**King County Administration Building**

**M.S. ADM-ES-0450**

**500 Fourth Avenue, Room 450**

**Seattle, WA 98104**

*See* King County Code Section 3.12A.050 for appeal procedures.