

**HUMAN RESOURCES DIVISION
EMERGENCY EMPLOYMENT NOTIFICATION FORM FOR APPOINTMENTS IN CITIES AND TOWNS**

All Forms to be sent to the Human Resources Division, One Hundred Cambridge Street, Suite 600, Boston, MA 02114. If local officials require a copy, one extra copy should be forwarded to this office.



**THESE FORMS ARE TO BE USED FOR
EMERGENCY APPOINTMENTS ONLY.**

City or Town of: _____

Department of: _____

Division of: _____

Date: _____

To the Personnel Administrator:
Under Civil Service Law, I hereby

- report the emergency employment*
- request permission to renew the emergency employment**

of.....
Name Date of Birth Social Security Number (last four)

Address.....

Position.....at the rate of per hour
per day.....

From.....for..... hours
days
(If actually employed for less time, notify the Human Resources Division)

Reason.....
(Definite reasons must be stated in order to have emergency approved)

*Original emergency employment may not exceed a period of 30 days within 60 consecutive days following the date of appointment.
**Emergency employment may be renewed for one additional period in the same twelve month period, only after the expiration of the original 60-day period.

In departments, institutions and hospitals the functions of which are connected with the public safety or public health, emergency employment may be renewed for a second period in the same twelve-month period.

Emergency employment only in the position of LABORER may be renewed immediately after the original emergency employment for a period not to exceed 15 days, in which event emergency employment may not be further renewed in the same twelve-month period.

Intermittent or part-time employment should be reported on an hourly basis but in no case shall such employment exceed 240 hours in the 60-day period immediately following the date of the original appointment, renewal or renewals as the case may be.

N.B. If more than one appointment has been made to the positions, the names of the appointees should be listed in alphabetical order – double space – on the reverse side of the form together with address, dates of birth and the last four of their SSN. If all appointees are not to be employed for the same length of time, the date of appointment of each and the number of days should be listed.

I hereby certify that the employment reported above was to meet an emergency which could not have been foreseen and that the public business would be seriously impeded by delay in filling this position in the manner provided by the Civil Service Law and Rules.

.....
Title.....
(Name and Title of Officer authorized to make appointments)

**APPROVED
HUMAN RESOURCES DIVISION**

by:

Upon receipt of this report or request for renewal of employment properly filled out, if approved by the Personnel Administrator, copies will be forwarded to the proper officials in order that the employees may receive the compensation due them.