



This is to advise you that the employment you are accepting is in a **limited-term temporary** position **not** covered under the merit system administered by the West Virginia Division of Personnel (DOP).

This position has the following restrictions:

1. There is **no guarantee of a minimum number of hours** under this temporary appointment.
2. Your temporary employment may end at any time **with or without cause**.
3. You do **not** have the right of appeal before the State Personnel Board or Public Employees Grievance Board.
4. You will **not** accrue sick leave or annual leave.
5. You will **not** be paid for holidays or other time off due to inclement weather, office closings, etc.
6. Time spent in temporary employment will **not** count as tenure or service time for any purpose.
7. This time **cannot** be counted towards the completion of a probationary period if subsequently hired for permanent employment.
8. In order to be appointed to a position covered by the DOP, it will be necessary for you to be selected from a list of applicants certified from a competitive register unless you have previously been certified permanent under the DOP Merit System and are eligible for reinstatement.
9. You are **not** eligible to participate in the Public Employees Retirement System (PERS).
10. Employees accepting a temporary appointment of more than 2 years will be **automatically enrolled** in the WV Retirement Plus, 457 Deferred Compensation Plan. Participation is **voluntary**. If you choose not to participate in the 457 Deferred Compensation Plan, you must decline automatic enrollment on the Participation Agreement form.
11. Employees who regularly work at least 20 hours a week **may be** eligible for health insurance benefits through the Affordable Care Act (ACA), Health Insurance Marketplace or Public Employees Insurance Agency (PEIA). More information regarding eligibility may be found by visiting the ACA Marketplace website at Healthcare.gov or by calling the PEIA, FBMC Service Center at (844) 559-8248.

I certify that I have read and understand the above information and agree to:

1. Comply with applicable agency policy and procedures.
2. Keep all sensitive information confidential.
3. At the time of separation, return all property belonging to the State of West Virginia, which I have under my control or in my personal possession.

Applicant Name Please Print _____

Applicant Signature _____ **Date** _____