



Human Resources – Temporary Services Request Form

I. REQUEST

Start Date: _____ Anticipated End Date (# weeks): _____

Anticipated hours per week: _____

Department: _____ Supervisor: _____

Reason for Request: Vacancy _____ Leave (medical/other) _____ Seasonal/Volume _____

Job Description & Skills Required (cut + paste): *include specific technical skills needed*

II. BUDGET INFORMATION

Index: _____ Orgn: _____ Account: E11601 _____

Purchase Order Number: _____

If applicable:

Position Number: _____ Incumbent Name: _____

III. BILLING INFORMATION (To be completed by University Talent Acquisition)

Temp Name: _____ Temp Agency: _____

Billing Rate: \$ _____ Start Date: _____ End Date: _____

IV. AUTHORIZATION

University Talent Acquisition

Date

Budget Representative

Date