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 __________________________