



**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