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

_____________________________ Date

University Talent Acquisition

_____________________________ Date

Budget Representative