



DEPARTMENT OF HUMAN RESOURCES

TEMPORARY EMPLOYMENT REQUISITION

Revised 04/08

1) REASON FOR TEMPORARY NEED: Position Vacancy Leave of Absence Increase in Workload*

*If increase in workload: funding must be approved by the Dean/Department Head and transferred into the department's temporary budget.

2) POSITION CLASSIFICATION

Temporary Full-time Staff Temporary Part-time Staff - Hours Worked Per Week: _____

3) HIRING INFORMATION

Department:	
Position Title:	<i>Note – assignments are not to exceed six months.</i>
Hourly Rate \$	Length of Assignment:
Assignment Start Date :	Assignment (Estimated) End Date:
Employee Being Replaced:	
Name of Supervisor:	Ext:

4) ATTACH CURRENT JOB DESCRIPTION

Comments:

5) POSITION/BUDGET INFORMATION

Budget Department Name	Account Number	Object Code

6) DEPARTMENTAL INFORMATION

Requested by:	Date:	Ext:
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7) AUTHORIZATION SIGNATURE

Human Resources Approval:	Date
Dean/Department Head Approval:	Date

DATE RECEIVED IN HUMAN RESOURCES: _____/_____/_____