Request for Temporary Help Form

Hiring Supervisor: ___________________________ Date: __________________

Position Title: ___________________________ New Position: ___ Y ___ N

Duration of Assignment: ___________________________ Position Code: ________

Department Name: ___________________________ Phone Ext. ____________

Position Details

FLSA Status: Exempt (Executive, Administrative, Professional)
Non-Exempt (All others)

Hours Needed: Full Time: _____ Part Time: _____ Per Diem: _____
Mon: ________ Tues: ________ Wed: ________ Thurs: ________
Fri: ________ Sat: ________ Sun: ________

Rationale for temporary assignment:

Budget line to be charged:

APPROVALS

Department Head/Chair: ___________________________ Date: __________

Vice President: ___________________________ Date: __________

Human Resources Director: ___________________________ Date: __________

V.P. for Finance/Treasurer: ___________________________ Date: __________

President: □ Approved for immediate action  □ Approved but deferred (see comments) □ Denied

Signature: ___________________________ Date: __________

Comments: ______________________________________________________

_____________________________________________________

Human Resources Use Only

Budgetary Implications: ___________________________________________

All requests must be accompanied by an up to date job description.

Updated 9/2013