



Request to hire Temp Staffing Agency

Applicant Information

Department Name:

Date:

Contact Person:

Department Head:

Complete if different than contact person

Temporary Services

Mark type of temporary services needed

Administrative/Clerical Custodial/Grounds Bookstore Professional (List Title: _____)

In accordance with University policy and practice temporary employees are not allowed to work more than 90 days.

Proposed Start Date:

Proposed End Date:

Name of Recommended Temp Agency:

Cost per hour: \$

Description of Duties (Attach a position description):

Reason for requesting over hiring a permanent employee:

Department Head Signature

Department Head Signature

Date

Approval to Hire

Approve

Disapprove

Human Resources Signature

Date