



Request for Temporary Agency Services

Campus/Department: _____

Requested Start Date: _____

Assignment End Date: _____

Hours/Shift: _____

Assignment Location: _____

Assignment Description:

- | | |
|---|---|
| <input type="checkbox"/> Admin/Clerical | <input type="checkbox"/> Custodial |
| <input type="checkbox"/> Warehouse/Light Industrial | <input type="checkbox"/> Computer Technical |
| <input type="checkbox"/> Accounting/ Financial | <input type="checkbox"/> Security |
| <input type="checkbox"/> Maintenance | |
| <input type="checkbox"/> Other _____ | |

Duties and Responsibilities:

Special skills required: _____

Is this a temporary assignment for an Existing Vacant Position? _____ (Y/N)

Is this a continuation of a Current Temporary Assignment? _____ (Y/N)

Who will be the supervisor for this assignment? _____

(Who assigns work, approves time sheets, gives directions, answers questions and is directly in charge of temp.)

Funding Source: _____ PO# _____
(Account number to charge)

Requestor _____ (Signature) _____ Date Signed

Director of Financial Services _____ Date Signed