

Request for Temporary Agency Worker (HR Form 109)
Please Circle One: Classified, Confidential, Administrative, Other

Job Title _____ Grade _____

Cost Center Name _____ Location _____

Budget Expense Code (enter 1st six digits) _____
Budget Expense Code (circle final four digits) 7201 7202 7203

Date Needed: _____ Ending: _____ Working Hours: _____ Number Needed: _____

Temp(s) will report directly to which supervisor? _____ *Ext.* _____

If new position, has the Job Description been approved? Yes or No Part-Time? Yes or No

(Please attach a job description or a list of bullets outlining responsibilities for all requests so Human Resources can obtain an appropriate worker. Thank you).

Replacement for Whom? _____ Reason: _____

Will Temp need an e-mail account? Yes or No Will Temp need access to Banner? Yes or No

Software experience needed: Word Excel Access PowerPoint
Beginner (B) Intermediate (I) Advanced (A) B I A B I A B I A B I A
(Please circle the level needed)

Other skills or software needed: _____

	Name	Date
Requested by	_____	_____
Approved by	_____	_____
Senior Officer	_____	_____
Budget Verification	_____	_____
Human Resources Officer	_____	_____
President	_____	_____

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To be completed by Human Resources Office

Agency _____
Name(s) of Temp(s) _____
Date Started – Date Finished _____
Wage Rate _____