



Temporary Agency Staffing Request

All Funds

Department Information

Department		Contact Person	
Contact Campus Phone	Contact Campus Fax	Contact E-mail	
Reason for Temp. Vacancy Created by ERI? <input type="checkbox"/> Yes: Line: _____, Title: _____ <input type="checkbox"/> No Other: (specify)			

Billing Information

<input type="checkbox"/> State Funds	<input type="checkbox"/> Research Foundation Funds
Account Number:	Award:
	Project:
	Task:

If the Agency Temp is filling in for a vacant position, indicate your recruiting plans.

Position Request Form is currently under review in the Human Resources Department:

Vacancy is posted. Please provide the Position title

Other. Specify:

Authorizations

Authorized Departmental Signature	Date	Title
VP Coordinator Authorization		Date

Temporary Staffing Information

Title Requested (See Standards)	Anticipated Start Date	Anticipated End Date
Assignment Location	Room Number	Report To
		Report to Phone
Reporting Hours (i.e. 8:30 AM - 5:00 PM)	Reporting Days (i.e. M-F)	Other
Job Duties		
Special Skills Required		

NOTE: Invoices submitted by the Staffing Agency will be paid according to time sheets signed by the "Assigned" department.

Human Resource Services Section

History	Date	Time
Agency	Temp's Name	Temp Social Security Number
		Start Date
Photo ID Received	Date Received	