



# 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<br>Other: (specify) |                    |                |  |

## Billing Information

|   |   |
|---|---|
| <input type="checkbox"/> <b>State Funds</b> | <input type="checkbox"/> <b>Research Foundation Funds</b> |
| 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 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 |                             |
| <input type="checkbox"/> |               |                             |