

REQUEST FOR TEMPORARY HELP

(Form To Be Used To Request Temporary Help Not Previously Anticipated or Budgeted)

Please provide job description; reason(s) for your request; number of hours to be worked; anticipated duration of assignment and cost.

JOB DESCRIPTION: _____

of hours/day: _____ # of hours/week: _____ Other: _____
Duration of temporary employment: Start date: _____ End Date: _____

REASON(S):

ESTIMATED COST

_____ Total Hours non-contract temporary help, Object Code/122
_____ Cost per Hour contract temporary help, Object Code/234
_____ Total Cost other: _____
34% Benefits
Final Cost

Cost reviewed/approved by Human Resources: _____
Executive Director **Date**

FUNDING (Please indicate funding source): _____

Requested by: _____ **Dept:** _____

Dept Head Approval: _____ **Date:** _____

Divisional Manager Approval (if applicable): _____

APPROVE Funding Yes No If yes, source of funding: Department CollegeWide
If no, please indicate reason(s):

Chief Financial Officer: _____ **Date:** _____