## Temporary, Seasonal, Intermittent Employment Request Form

DEPARTMENT/OFFICE NAME	DEPARTMENT/OFFICE ORG#			ACCOUNT NUMBER	
SUPERVISOR NAME	POSITION BEGIN DATE			POSITION END DATE	
POSITION TITLE REQUESTED: (SEE EXAMPLES)					
POSITION JUSTIFICATION:					
LAST NAME, FIRST NAME	II	D#	ACTION*	RATE PER HOUR	HOURS PER WEEK
*ACTION CODES NEW HIRE=N R	EHIRE=R	CHANGE=C	TERMINATION	I=T	
Budget Approver	Dat	te			
Director of Human Resources	Dat	te			