



# TEMPORARY EMPLOYMENT REQUEST

<b>DIVISION:</b>	<b>BUREAU:</b>
<b>SUPERVISOR NAME:</b>	
<b>SUPERVISOR WORK ADDRESS:</b>	
<b>MSC CENTER ADDRESS:</b>	
<b>SUPERVISOR PHONE NUMBER:</b>	<b>SUPERVISOR EMAIL ADDRESS:</b>
<b>SUPERVISOR POSITION #:</b>	<b>SUPERVISOR BEACON #:</b>

**Please select one of the following:**

- ☐ NEW - Allow at Least Ten (10) Business Days for Processing
- ☐ EXTENSION - Submit to Human Resources Two (2) Weeks Prior to Temporary's Departure Date
- ☐ REHIRE/REINSTATEMENT/RECOMMENDED CANDIDATE (CIRCLE ONE)
- NAME: \_\_\_\_\_
- PHONE NUMBER: \_\_\_\_\_
- EMAIL ADDRESS: \_\_\_\_\_

**POSITION TITLE:** \_\_\_\_\_

**DESCRIPTION OF WORK:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYEE PHYSICAL WORK LOCATION:** \_\_\_\_\_

\_\_\_\_\_

**WEEKLY # OF HOURS:** \_\_\_\_\_ **REQUESTED HOURLY PAY \$** \_\_\_\_\_

**START DATE:** \_\_\_\_\_ **END DATE:** \_\_\_\_\_

**BILLING INFORMATION (IF SAME AS SUPERVISOR CHECK BOX)**

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(THE BILLING IS THE PERSON DESIGNATED TO RECEIVE INVOICES & FINANCIAL INFORMATION FROM TEMPORARY SOLUTIONS)

**NAME:** \_\_\_\_\_ **TELEPHONE NUMBER** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**PHYSICAL ADDRESS:** \_\_\_\_\_

**MSC: SERVICE CENTER ADDRESS:** \_\_\_\_\_

**Budget code:** \_\_\_\_\_

**REQUESTED BY & DATE** \_\_\_\_\_

**IMMEDIATE SUPERVISOR SIGNATURE & DATE** \_\_\_\_\_

**BUREAU CHIEF/DIVISION DIRECTOR'S SIGNATURE/DATE** \_\_\_\_\_

**DEPUTY COMMISSIONER/DIRECT REPORT SIGNATURE** \_\_\_\_\_

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(FOR HUMAN RESOURCES USE ONLY-DO NOT WRITE IN THE SECTION)

**HUMAN RESOURCES APPROVAL:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
HUMAN RESOURCES DIRECTOR

(FOR BUDGET APPROVAL OF TEMPORARY AGENCY AND/OR SALARY RESERVE)

**BUDGET APPROVAL:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
BUDGET DIRECTOR

