TEMPORARY ASSIGNMENT FORM

INSTRUCTIONS: Use of funds for office temporary from an outside agency and temporary hourly employees require prior approval. Complete form and forward to Budget Department. The Department of Human Resources will receive this form last.

➢ DEPARTMENT:

➢ Contact name:

Extension: __________________________ Dept. Fax: __________________

➢ Reason for Request: (i.e., Vacation, Project Assignment, Vacancy due to job opening, or for family Leave, etc.*

________________________________________________________________________

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➢ Dates Needed: Start ___________ End ___________ Total Hours: ___________

➢ Qualifications Needed:

________________________________________________________________________

________________________________________________________________________

➢ Estimated Expenses: Total Employment Hours x Hourly Rate = Estimated Costs

________________________________________________________________________

➢ Approval Signatures:

✓ Requester: __________________

✓ Department Chairperson: __________________

✓ Dean: __________________

✓ Vice-President: __________________

✓ Budget: __________________

✓ Other Approvals As Needed: __________________

Note: Departments will receive notification if the request is not approved.

➢ OFFICE OF BUDGET AND FISCAL PLANNING USE ONLY:

Account Number (State Code) Budget $

________________________ (6102) __________________

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