

**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.\*)
- 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) \_\_\_\_\_  
\_\_\_\_\_ (6102) \_\_\_\_\_