



Temporary Employee Request Form

Contact Information

Department/Division:		Today's Date:	
Prepared by:		Contact Phone:	
KFS# for Background Check (ie. IR12345):		Contact Zot Code:	

Billing Contact

Billing Contact Name:		Billing UCInetID:	
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Requested Position

Requested Payroll Title:		Payroll Title Code:	
Supervisor Name:		Supervisor Phone:	
Supervisor UCInetID:		Desired Start Date:	
Work Schedule (i.e.: M-F, 8-5)		Approx. End Date:	
Part/Full Time Job:		Work Location (Bldg/Rm):	

Reason for Request (check one)

Special Projects	<input type="checkbox"/>	Leave of Absence	<input type="checkbox"/>	Sick Leave	<input type="checkbox"/>
Extra Help	<input type="checkbox"/>	During Recruitment	<input type="checkbox"/>	Vacation Coverage	<input type="checkbox"/>

NEW / REPLACEMENT? (circle one) If replacement, name of previous CAREER or TEMP employee: _____ Previous TEMP QT# _____

Impact to Department

Work Skills Requested (check all that apply)

Administrative Assistant	<input type="checkbox"/>	Medical Terminology	<input type="checkbox"/>	Receptionist	<input type="checkbox"/>
Calendaring	<input type="checkbox"/>	Medical Transcription	<input type="checkbox"/>	Typing (less than 45 wpm)	<input type="checkbox"/>
Data Entry	<input type="checkbox"/>	Medical Front Office	<input type="checkbox"/>	Typing (more than 45 wpm)	<input type="checkbox"/>
Filing	<input type="checkbox"/>	Medical Back Office	<input type="checkbox"/>	Phones (1 to 4 lines)	<input type="checkbox"/>
Letter Composition	<input type="checkbox"/>			Phones (4 + lines)	<input type="checkbox"/>

Computer Skills Requested (check all that apply)

MS Word:	Beginner <input type="checkbox"/>	Intermediate <input type="checkbox"/>	Advance <input type="checkbox"/>	Internet Search Engines:	Beginner <input type="checkbox"/>	Intermediate <input type="checkbox"/>	Advance <input type="checkbox"/>
MS Excel:	Beginner <input type="checkbox"/>	Intermediate <input type="checkbox"/>	Advance <input type="checkbox"/>	Payroll Systems (PPS):	Beginner <input type="checkbox"/>	Intermediate <input type="checkbox"/>	Advance <input type="checkbox"/>
Access:	Beginner <input type="checkbox"/>	Intermediate <input type="checkbox"/>	Advance <input type="checkbox"/>	QUEST:	Beginner <input type="checkbox"/>	Intermediate <input type="checkbox"/>	Advance <input type="checkbox"/>
PowerPoint:	Beginner <input type="checkbox"/>	Intermediate <input type="checkbox"/>	Advance <input type="checkbox"/>	ONTRAC/STARS:	Beginner <input type="checkbox"/>	Intermediate <input type="checkbox"/>	Advance <input type="checkbox"/>
MS Outlook:	Beginner <input type="checkbox"/>	Intermediate <input type="checkbox"/>	Advance <input type="checkbox"/>	Purchasing System (PAL):	Beginner <input type="checkbox"/>	Intermediate <input type="checkbox"/>	Advance <input type="checkbox"/>

Summary of duties to be performed and/or special requirements. (Must provide 4 or more specific duties.)

Review and Approval

Department Administrator:		Date:	
Human Resources Director:		Date:	

SOM Tracking# _____

QT# _____ By: _____ Date: _____