SECTION 1
Requesting Office/Department: ____________________________________________________________

Contact Person: ___________________________________ Phone Extension: ______________________

Email (required): ________________________________________________________________

Number of Individuals Required: ______ Requested Effective Date: __________________________

Work Schedule/Hours Per Week: _______________________________________________________

Purpose of Assignment (Including employee name if request is to replace an employee):

____________________________________________________________________________________

____________________________________________________________________________________

Brief description of job assignments, indicating specific skills (including computer skills) required to
accomplish duties of the position:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Department Approval:

__________________________________________________________ Date

Department Director/Chairperson

__________________________________________________________ Date

Dean

__________________________________________________________ Date

Vice President

__________________________________________________________ Date

SECTION 2

TO BE COMPLETED BY HUMAN RESOURCES ONLY

__________________________________________________________ Date

Executive Vice President for Operations

__________________________________________________________ Date

Human Resources Authorization