



CONTROL NO: \_\_\_\_\_

**CHARLES R. DREW UNIVERSITY OF MEDICINE AND SCIENCE  
DEPARTMENT OF HUMAN RESOURCES**

**REQUEST FOR TEMPORARY SERVICES**

PLEASE COMPLETE THIS SECTION AND RETURN TO THE DEPARTMENT OF HUMAN RESOURCES					
DEPARTMENT		DIVISION/PROGRAM			ACCT. NO
Job Title		FTE	Working Hours/Days	Begin Date	Anticipated End Date
<b>Description of Duties/Responsibilities (Special skills and/or software, etc.)</b>					
Reason for Request:				Hrly Rate of Pay: _____	
				Projected Total Expense: _____	
Immediate Supervisor & Phone No.:			Immediate Supervisor Signature and Date:		
Dean/Department Head Signature & Date:			Physical Work Location:		
OSP Approval & Date:			Finance Approval & Date:		
SVP AdvOps/COO & Date (HR):			Provost Approval & Date (Academics Only):		
OSP/Finance Approval Notes:					

PLEASE COMPLETE THIS SECTION IF YOU ARE REQUESTING AN EXTENSION OF TEMPORARY SERVICES					
Job Title	FTE	Working Hours/Days	Begin Date	Anticipated End Date	Account Number:
Reason for Extension:					
Immediate Supervisor Signature:			Date:		
OSP Approval & Date:			Finance Approval & Date:		
SVP AdvOps/COO & Date (Administration Only):			Provost Approval & Date (Academics Only):		

HUMAN RESOURCE ONLY				
Agency:		Bill Rate Per Hour:	Bill Rate Change:	Change Effective Date:
(1) Temporary Employee's Name:	Start Date	End Date	Extension: Actual End Date	Extension Notes:
(2) Temporary Employee's Name:	Start Date	End Date	Extension: Actual End Date	Extension Notes:
(3) Temporary Employee's Name:	Start Date	End Date	Extension: Actual End Date	Extension Notes:
H. R. Representative:			Date:	
Job Order Notes:				