



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:				Budget Amount Requested (ex. Rate of pay):	
Immediate Supervisor & Phone No.:				Immediate Supervisor Signature and Date:	
Dean/Department Head Signature & Date:				Physical Work Location:	
OSP Approval & Date:				Finance Approval & Date:	
VP Admin/Infrastructure Approval & Date (Administration Only):				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:	
VP Admin/Infrastructure Approval & 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:				