Roger Williams University

Temporary Employee Request Form

Date of Request: _____/_____/_____Contact: _____

Department: _____ GL #: _____

Reason for request:
☐ Sick Leave ☐ Family Leave ☐ Vacation
*Employee being replaced: _____
☐ Vacant position, please indicate: _____
☐ Temporary Project ☐ Other, please specify: _____

Start date: _____ Pay range requested by Manager: _____

Schedule/Hours: _____
Length of Assignment: _____

Required Skills: _____
_____
_____

Would you like to interview temporary candidates prior to assignment? ☐ Yes ☐ No

Will computer access be necessary? ☐ Yes ☐ No

Reporting to: _____ Ext: _____

Do you have a suggested temporary agency? ☐ Yes ☐ No
If yes, please indicate: _____

_____ _____/_____/_____
Hiring Manager and Title Date

_____ _____/_____/_____
Division Senior Vice President/ Vice President /Dean of Law School Date

_____ _____/_____/_____
Vice President of Finance Date

_____ _____/_____/_____
Human Resources Date

_____HR Use Only _____

Employee Name: _____
SS#: _____-_____-_____ DOB: _____
Temporary Agency: _____Bill rate/Pay rate: _____