

REQUEST FOR TEMPORARY STAFFING ASSIGNMENT

Please complete the below information to submit a temporary staffing assignment request. Temporary positions, unless they are to cover for a regular employee who is on a leave of more than two weeks, require review and approval by the Hiring Review Committee (HRC).

Department:
Position Name:
Union/Non-Union:
Name of Employee on Leave:
Reports to (Name/Title/Phone #):
Location where Temp is to Report:
Start Date and Expected Assignment Duration:
Hours/Work Schedule:
Job Responsibilities:
Date HRC Request Submitted:
Specific Skills Requested:
Special Requests:

Your Name: _____ Date: _____

Phone #: _____

Please return completed form to Brenda Polanco, Employment Specialist, at Brenda.Polanco@shu.edu