

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

If yes, SS#: ____ - ____ - ____ DOB: _____

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: _____

Temporary Agency: _____ Bill rate/Pay rate: _____