



Human Resources
910 Madison Ave, Suite WP012, First Floor
Memphis, TN 38163
Tel: (901) 448-5600 Fax: (901) 448-5170

Temporary Employee Request

REQUEST DETAILS

Requested by: _____ Department: _____
Department Contact Person: _____ Contact Phone Number: _____
Cost Center/WBS Name: _____ Cost Center/WBS Account Number: _____
Number of Positions Requested: _____ Position Title: _____
Assignment Duration: From _____ To _____
(Date) (Date)
Requirements/Duties/Skills: _____

(Please attach another sheet if needed.)

Interview Required by Dept. Manager: Yes No

POSITION DETAILS

Supervisor: _____ Phone: _____ Email: _____
Work Location: _____ Address: _____ Phone: _____
Work Schedule: From _____ To _____
(Time) (Time)

Day	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Hour							

Dean/Business Manager: _____ Signature: _____ Date: _____
(Print)

Human Resources Only

Temporary Employee Assigned: _____ Recruiter: _____
Assignment Date: _____ Date Department notified: _____ Hourly Rate: _____