



**HUMAN RESOURCES DEPARTMENT
REQUEST FOR TEMPORARY EMPLOYEE FROM A STAFFING
AGENCY**

Department: _____ Contact Name: _____

Temporary Position Title: _____ Pay Range: _____

Desired Start and End Date: _____ Account # to be Charged: _____

Anticipated Work Schedule/Hours per Week (i.e. M-F 9a-5p/30 hours per week): _____

Indicate reason for request: _____

Work skills requested: _____

Summary of duties to be performed: _____

Indicate IT programs needed (i.e. New World, Outlook, etc.): _____

Staffing Agency Name: _____ Agency Contact: _____

Phone Number: _____ Email Address: _____

Temporary Agency Contract Number: _____

Has this contract been approved by Purchasing? Yes No

Has this contract been approved by Town Council? Yes No Town Resolution Number: _____

Department Supervisor Signature: _____ Date: _____

Department Director/Designee Signature: _____ Date: _____

Human Resources Director Signature: _____ Date: _____

FOR HUMAN RESOURCES USE ONLY

Name of Temporary Employee: _____ Start Date: _____

Level 2 Background Check Completed: Yes ___ No ___ Date ID Card Issued: _____

Date SOPs Signed/Watched EEO Video: _____ Emailed IT for systems access: Yes ___ No ___