



TEMPORARY AGENCY EMPLOYEE REQUISITION

Requested By: _____ **Extension:** _____

Division: _____ **Department:** _____

Reports To: _____

Position: _____ **Schedule:** _____

Description of Duties: _____

Special Skills Required: _____

Replacement For: _____

Reason: _____

Period of Time Needed: _____ **To:** _____

FRS Account No.: _____

Approvals: _____

Manager/Supervisor (Print Name)

Manager/Supervisor

Date

Division Vice President

Date

Vice President – Human Resources

Date

For Human Resources Use Only

Agency Contacted: _____

Date: _____

Agency Confirmed: _____

Date: _____

Temporary Employee Name: _____

Start Date: _____ **Completion Date:** _____ **Hourly Billing Rate:** _____