

TEMPORARY ASSISTANCE REQUEST FORM

Requesting Department: _____ Phone: _____

Contact Person: _____ Date: _____

1. Dates Temporary is needed on the job: _____ through _____

Total number of days needed: _____

2. Scheduled hours for Temp: _____ through _____

3. Temporary should report to: _____

4. Rate of pay (exclusive of Temporary Service Fees): _____

5. Please indicate below what type of Temporary Assistance you require:

Douglas County "on-call" Office Specialist

Contract Temporary Assistance through agency:

General Office Clerk

Secretary

Account Clerk

Other _____

Clerk Typist

Secretary Senior

General Maintenance

6. Other requirements of the job:

Cash Handling

Requires Background Check

Confidential Information Used

Computer Skills Necessary

List software(s) necessary to perform the job: _____

7. Please indicate the account number(s) to be charged for this service:

Fund Dept. Account Number (_____ %)

Fund Dept. Account Number (_____ %)

Fund Dept. Account Number (_____ %)

8. **Authorized Signature must be on file:** _____

Department Head or Authorized Signature

For Human Resources Use Only:

Name and date Temporary Agency contacted: _____

Arrangements made and confirmed by: _____ (HR Staff) Name of Temp(s) used: _____

Date(s) Temp(s) used: _____