ST. LAWRENCE
U N I V E R S I T Y

Office of Human Resources
(315) 229-5596

TEMPORARY EMPLOYMENT REQUISITION

For Hourly Positions

A. **TEMPORARY** Employment Requisition

1. Date Initiated_____ 2. Job Title_____

3. Department _____ 4. SLU Job Level _____

5. Budget Code_____ 6. Temporary Hourly Rate: _____

7. Classification - Circle appropriate categories

Full-time Part-time Temporary Replacement for: _____

8. Requested start date:_____ Anticipated End Date: _____

9. Work Schedule: Days _____ Hours of Work _____

10. Duties: Please attach current job description or write a brief description _____

_____

11. Special qualifications/education/experience_____

12. Additional Comments_____

13. Approvals

a._____ b._____
Supervisor Date Vice President Date

c._____ d._____
Budget Director Date President Date

e._____
Human Resources Date

B. **Temporary** Position Assignment

16. Name of Hire _____ Hiring Agency (Circle One): Kelly Services Penski Services SLU Temp

17. Hire Effective Date_____ 18. Hourly Rate _____

19. Reporting Location _____ 20. Reporting Time_____

21. HR Signature: _____ 22. Date _____

Updated: 11.07