

TEMPORARY ASSIGNMENT RECOMMENDATION FORM

REQUEST FOR TEMPORARY ASSIGNMENT		
Check Appropriate Box	FULL - TIME	PART - TIME
NAME OF TEMPORARY EMPLOYEE		
LAST	FIRST	MIDDLE
POSITION		DEPARTMENT
ASSIGNMENT PERIOD		IMMEDIATE SUPERVISOR
From	(MM/DD/YY)	To (MM/DD/YY)
SALARY or HOURLY RATE		FUND - ORG - ACCT NUMBER
		TOTAL REMUNERATION NOT TO EXCEED BUDGET
RESUME AND REFERENCES ATTACHED? YES NO BACKGROUND CHECK completed? YES NO Please attach confirmation from Human Resources.		
AFFIRMATIVE ACTION/ INTERVIEW DOCUMENTATION FORM		YES NO
REASON FOR TEMPORARY ASSIGNMENT:		
DIRECTOR/ DEAN SIGNATURE		DATE
ASSOC. PROVOST FOR BUDGET/ PLAN. SIGNATURE		DATE
PROVOST/ VP SIGNATURE		DATE
<i>This approval is subject to the satisfactory completion of all required documentation and verification and the issuance of an assignment letter.</i>		
PRESIDENT'S SIGNATURE		DATE