

Centenary College

Request for Temporary Agency Employee
Human Resources Department

From (Name): _____ Telephone #: _____

Department to Be Charged: _____ Telephone #: _____

Date Submitted to Human Resources: _____ Job Title Requested: _____

Reason for Temp Help Request: _____

Replacement for (Employee Name), if applicable : _____

Check Off Duties with: (R) if Required or **(N) Not Required but Preferred**

<input type="checkbox"/> Word	<input type="checkbox"/> Mail Merge	<input type="checkbox"/> Other Skills
<input type="checkbox"/> Excel	<input type="checkbox"/> Receptionist	<input type="checkbox"/> _____
<input type="checkbox"/> Outlook	<input type="checkbox"/> Telephone Skills	<input type="checkbox"/> _____
<input type="checkbox"/> PowerPoint	<input type="checkbox"/> Data Entry Operator	<input type="checkbox"/> _____
<input type="checkbox"/> Access	<input type="checkbox"/> _____	<input type="checkbox"/> _____

Requested Dates of Assignment: Start Day & Date: _____ End Day & Date (if known): _____

Check Days of the Week Requested : Mon Tues Wed Thurs Fri

Hours of Work: Start Time on First Day: _____ Quit Time on First Day: _____

Start Time After First Day: _____ Quit Time After First Day: _____

Lunch (check one): one hour unpaid lunch (or) one-half hour unpaid lunch

Report to: Building _____ Floor _____ Room _____

Report to (Name of Employee): _____

Please Note: When your temporary agency employee arrives, please obtain a home telephone number in case you may need to call due to weather emergency notification. Please inform temporary employee how to obtain weather information for the College.

This Section to Be Completed by Human Resources Department

Department Head Signature Approval Date Immediate Supervisor's Name

Provost/Chief Operating Officer Approval Date Vice President for Finance/CFO Approval Date

Agency Contacted _____ Agency Rep: _____ Tel #: _____

Name of Agency Temp. _____ Hourly Rate: _____

Date Confirmed by Agency: _____