

**TEMPORARY PERSONNEL REQUEST**

TODAY'S DATE \_\_\_\_\_ JOB CLASSIFICATION \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ COST CENTER \_\_\_\_\_

CONTACT NAME \_\_\_\_\_ PHONE# \_\_\_\_\_

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**Complete this area if you are in need of temporary help while recruiting.**

PAR Number \_\_\_\_\_ Job Number \_\_\_\_\_

Start Date \_\_\_\_\_ Number of hours per day \_\_\_\_\_

Comments: \_\_\_\_\_

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**Complete this area for all other temporary requests.**

Dates needed:

From: \_\_\_\_\_ To: \_\_\_\_\_

Number of hours per day \_\_\_\_\_

Comments: \_\_\_\_\_

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**Approved:**

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Head

\_\_\_\_\_  
Date

\_\_\_\_\_  
Assistant/Associate Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Deputy Director

\_\_\_\_\_  
Date

**ONCE THIS FORM HAS BEEN APPROVED BY THE APPROPRIATE PERSONNEL,  
PLEASE FAX TO CAMPUS TEMPORARY SERVICES AT (949) 824-7007.**

**CAMPUS TEMPORARY SERVICES WILL NOT FILL JOB REQUESTS WITHOUT THE  
ABOVE SIGNATURES.**