

University Staff Temporary Employment (USTE)

- You must attach a Position Description and brief Justification to this request.
- Immediate supervisor should submit this completed form and attachments to HR&D, Hyer Hall 330

Contact Person:

Contact Phone:

New Employee Name:

Department Name:

Department ID Code:

Requested Title (See Title list):

Hourly Rate:

Start Date:

End Date:

Supervisor Name:

Backup Supervisor Name:

| <u>Funding:</u> | Grant | PR | GPR | Appointment % |
|-----------------|-------|----|-----|-----------------|
| Account Code: | | | % | Account Code: % |
| Account Code: | | | % | Account Code: % |

Approval Signatures:

Supervisor: Print Name: Date:

Dean/Director: Print Name: Date:

Division Head: Print Name: Date:

Budget Office: Print Name: Date:

Human Resources: Print Name: Date:

To Be Completed by HR:

WRS Prior to 7/1/11: Yes No State: Local:

Rehired Annuitant: Yes No If Yes:

[Information on USTE Hiring Process](#)