

TEMPORARY HELP REQUEST FORM

Please complete the following form with the required skill, abilities and experiences necessary to perform the position in question.

Position Title: _____

Department: _____

Immediate Supervisor: _____

Expected Start and End Dates of Assignment: _____

Expected Hours of Assignment: _____

Requirements of Position: (Please describe computer, interpersonal, organizational, etc. skills and level of experience necessary. **Note:** The position questionnaire could be a resource for you in completing this form.)
