



Temporary Employment Job Order Form

Department of Human Resources
3640 Colonel Glenn Hwy.
115 Medical Sciences Bldg.
Dayton, OH 45435-0001
(937) 775-2120
Fax: (937) 775-3040

SECTION A: DEPARTMENT INFORMATION

Department Name: _____				
Fund:	Org:	Account: 617400	Program:	Activity Code:
Fund:	Org:	Account: 617400	Program:	Activity Code:
Position reports to:		Ext:	Campus Address:	

SECTION B: JOB INFORMATION

Job Type:
 Temporary appointment*
 Interim appointment **Name of the incumbent:** _____

Start date:	End date:	FTE:	Work hours:
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** Temporary positions can only be filled up to 3 months. Exceptions may only be made upon approval from Department of Human Resources.*

Please check one of the following position titles:

<input type="checkbox"/> Account Clerk <input type="checkbox"/> Admin Specialist (Secretary) <input type="checkbox"/> Admin Specialist, Sr. (Executive Secretary) <input type="checkbox"/> Custodian <input type="checkbox"/> Data Entry Specialist <input type="checkbox"/> Groundskeeper	<input type="checkbox"/> Lab Technologist <input type="checkbox"/> Maintenance Worker <input type="checkbox"/> Office Assistant 2 <input type="checkbox"/> Payroll Clerk <input type="checkbox"/> Records Technician <input type="checkbox"/> Other _____
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SECTION C: JOB DESCRIPTION

SECTION D: PAYROLLEE INFORMATION, if applicable:

Name of Person you wish to hire: _____	Is the person you wish to hire currently *: <ul style="list-style-type: none"> - A student employee? Yes No - A full-time student? Yes No - Related to anyone in your department? Yes No - On an F-1 visa (international student visa)? Yes No
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**If answered 'Yes' to any of the above questions, the person will not be able to be payrolled in compliance with INS regulations and/or WSU employment policies and procedures.*

SECTION E: JUSTIFICATION/EXPLANATION OF NEED FOR POSITION

SECTION F: APPROVALS

Submitted by _____ Ext _____ Date _____
 Approval by Dean and/or Vice President or President _____ Date _____
 Approval by Business Manager _____ Date _____

SECTION G: FOR HUMAN RESOURCES USE ONLY

Pay rate: _____ Billing rate: _____ HR Approval: _____ Date: _____