

Temporary Worker Job Requisition

School/Department: Date:

Requested by:

Job Specifics

Job Responsibilities:

ESP Teacher Executive Professional

CDE Licensed Expiration Date

CDE Substitute Authorization Expiration Date

Will this individual ever work directly with students? Yes No

Name of Recommended Temp Worker:

Contact Information: phone:

email:

PERA Retiree: Yes No Start Date: End Date:

Will this employee have a relative who would have supervisory or fiscal authority over him/her? Yes No

(Required) Were available reference checks completed? Yes No

Position Funded- List all applicable funding streams including the % of distribution.

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Fund	DPT	SRE	Program	Account	Project/Grant	Dist.					%

Signatures for Approval

Requestor (Supervisor of Temporary Worker) Signature Date:

Grant Budget Manager Signature/Printed Name Date:

Human Resources Signature Date:

Human Resources Only

Background Check Complete (if applicable): Yes No

Temporary Worker is in a Regular Staff Position: Yes No (If yes, no data entry is required.)

Assigned Temporary Worker: ID #: Rate of Pay:

Compensation Director Signature Date:

PC PID FTE DPT LOC JC#

Requestor Notified by: Date: