PLEASE ALLOW 7 TO 10 **BUSINESS DAYS FOR** APPROVAL PROCESSING

Kean University Office of Human Resources TEMPORARY SERVICES REQUEST

SECTION I: Office/Department Information	
Requesting Office/Department:	
Contact Person/Supervisor:	
Email Address:	Phone Extension: Location:
SECTION II: Temporary Employee Information	
Please indicate the type of assignment:	☐ Leave of Absence Replacement ☐ Special Assignment
Number of Individuals Required: Reques	ted Effective Date: Duration of Assignment:
Level of Education Required: Level of Experience Required:	
Work Schedule/Hours per Week:	
Desired Pay Rate:Please be advised th	at final pay rate will be determined based on funds and work functions of assignment.
Purpose of assignment and brief description of job duties, indicating specific skills (including computer skills) required to accomplish duties of the position. Please include employee name if request is to replace an employee. If this is a Special Assignment, please provide a detailed justification for the assignment. <i>Attach justification if necessary</i> .	
SECTION III: Office/Department/Vice President Signatures	
Department Director/Chairperson	Date
Dean/Assistant Vice President/Associate Vice President	Date
Vice President	Date
After completion of Section III, please forward this document to the Office of Human Resources for final review and approval.	
SECTION IV: Office of the President Signature	
Office of the President Designee	Date
SECTION V: TO BE COMPLETED BY THE OFFICE OF HUMAN RESOURCES ONLY	
Human Resources Authorization Date	Job Title: Bill Rate: Bill Rate: Effective Date: End of Assignment: Payroll Temp: or Recruitment Temp: