

**STAFFING FORM FOR TEMPORARY ASSIGNMENTS**

**\*\*NOTE:** Any request for temporary staffing requires pre-approval through Human Resources. Please complete the following form and submit to the Human Resources Department via email, [employment@fscj.edu](mailto:employment@fscj.edu). \*\*

Temporary Staffing Agency: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Supervisor Contact Number: \_\_\_\_\_

**TEMPORARY WORKER INQUIRY**

Name of Temporary Worker: \_\_\_\_\_ Campus/Work Location: \_\_\_\_\_

College Job Title: \_\_\_\_\_ Department Name: \_\_\_\_\_

Background Screening Completed? Yes \_\_\_ No \_\_\_

If no background screening needed, provide reason below:

\_\_\_\_\_

Does staffing agency need to recruit? Yes \_\_\_ No \_\_\_

Would you like to interview staffing candidate? Yes \_\_\_ No \_\_\_

Start Date of Employment: \_\_\_\_\_ End Date of Employment: \_\_\_\_\_

Full time: \_\_\_\_\_ Part time: \_\_\_\_\_ If part time, how many hours per week: \_\_\_\_\_

Job Description Attached? Yes \_\_\_ No \_\_\_ Employee Pay Rate (Per Hour): \_\_\_\_\_

**TEMPORARY EMPLOYEE INFORMATION**

Personal Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Contact: \_\_\_\_\_

Requestor Name (Print): \_\_\_\_\_

Requestor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Name (Print): \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Human Resources)  
Sonja Cross Signature: \_\_\_\_\_ Date: \_\_\_\_\_

After receiving Human Resources approval please enter a PeopleSoft Purchasing Requisition and attach this completed and signed form to the Requisition.