

Human Resources

Department/Unit Information

Contact: _____
First Name Last Name Email Phone # Fax

Dept. Info: _____
Department Org Department Description Index #: Job Location:

Supervisor: _____
First Name Last Name QRF: Qualified Rehabilitation Facility

Note: If the QRF is unable to meet the placement need within 24 hours from time of request we have an exclusive contract with Barrett Business Services, Inc.

Reason for Requesting the Use of a Temporary Employment Agency

The collective bargaining agreement between the Oregon University System and the Service Employees International Union provides criteria by which a temporary employee may be hired to perform work regularly performed by bargaining unit employees. Temporary appointments are to be used for the purpose of meeting emergency, non-recurring, short-term workload needs, or to replace a regular employee on leave.

Answer each question below completely. Incomplete forms will be returned for completion.

Explain the reason for this request (select one):

- To replace a regular employee on extended leave.
When is the regular employee expected to return to work? _____
- To provide intermittent emergency coverage for employees on sick/vacation leave.
- Appointment is requested in order to meet an emergency workload need.
Briefly describe the emergency workload need: _____
- Other (explain): _____

Name of Appointee -if Known: _____ Telephone #-: _____ Email:-: _____

Description of Job Duties

IMPORTANT: External temporary employees may NOT drive on behalf of the university per [University Policy 07-026](#). If driving is an essential function of the position, please recruit for an OSU temporary employee.

List all of the major job duties to be performed:

Additional Comments for UHR

Duration of Appointment/Work Schedule/Hourly Pay Rate

Anticipated start date (must not precede the date of this request): _____

Anticipated end date: _____

Average hours per week to be worked by the temporary employee: _____ Hourly Pay Rate: _____

Approvals

Submitted by: _____
Name Signature Date

Dean/VP or Designee: _____
Name Signature Date

Human Resources Approval:

Approved: Yes No Agency Authorization #: _____

Comments: _____

HR Business Partner Date Phone