

Submit by Email



**TEMP EMPLOYMENT JOB REQUISITION**

**FOR TEMP SERVICE USE ONLY**

Specialist \_\_\_\_\_

Requisition # \_\_\_\_\_

Request from:

- Hospital                       University                       Highlands                       Callahan Eye Foundation
- HSF                                       SRI                                       Viva                                       Other \_\_\_\_\_

Department \_\_\_\_\_

Account # \_\_\_\_\_

Requested By \_\_\_\_\_ Phone/Ext. \_\_\_\_\_  
Name of Person Completing Form

Department Manager/Supervisor \_\_\_\_\_ Phone/Ext. \_\_\_\_\_

Location of Assignment \_\_\_\_\_  
Building and Room Number/ Physical Address

Position Title Requested \_\_\_\_\_

# Of Positions To Be Filled \_\_\_\_\_ Shift/Hours To Be Worked \_\_\_\_\_

Will this position have contact with hospital patients?    YES                       NO

Other Information/Specific Skills Needed:

Length of Assignment \_\_\_\_\_ Start Date \_\_\_\_\_

If you have a referral for this position, please indicate the referral's name \_\_\_\_\_

***If you have not received a response to this request within 24 hours, please call us at 934-4030.***

**Thank you for your T.E.M.P. request, *Temporary Employees Make it Possible!***

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If you are unable to email this form, fax to 975-8370

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Notes: \_\_\_\_\_  
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