



# Human Resources

## Seasonal/Temporary Staffing

### Request Form

Date:	Department:	Payroll Location:
Requested By:		
Position that you need filled:		
Work Location/Address:		
Reporting Supervisor:	Phone:	
Budget #:		
Days scheduled to work:		
Hours scheduled to work:		
Assignment Start Date:	End Date:	
Additional Requirements:		
Referral name (if applicable):		
Did the referred person work for you previously through a temp agency or as a City employee?      Yes      No		
Requested Rate of Pay:		
Notes:		
Requester's Signature:	Date:	
Department Head's Signature:	Date:	