

TEMPORARY EMPLOYMENT SERVICES AUTHORIZATION

1. NAME OF REQUESTING DEPARTMENT: _____
2. TEMPORARY JOB CLASSIFICATIONS REQUIRED: _____
3. JUSTIFICATION FOR REQUEST: _____
4. TIME PERIOD FOR WHICH TEMPORARY HELP IS REQUIRED: _____
5. MAXIMUM ESTIMATED AMOUNT: _____
6. BUDGET CODE: _____

DEPARTMENT HEAD SIGNATURE

DEPT. CONTACT PERSON PHONE NO.

APPROVED:
DISAPPROVED: _____
OPERATIONS ADMINISTRATOR,
PERSONNEL MGMT. & GENERAL SVCS. DIV. ,
CHIEF ADMINISTRATIVE OFFICE