



**Request for Temporary Office Help**  
**EXTENSION ONLY**

Date: \_\_\_\_\_

Department: \_\_\_\_\_

Reason for request:

Temporary Employee's Name: \_\_\_\_\_

Current Temporary Position: \_\_\_\_\_

New Date(s) of Assignment: \_\_\_\_\_

Hours: \_\_\_\_\_

Dean/Dept. Approver Name: \_\_\_\_\_

Dean/ Dept. Approval Signature: \_\_\_\_\_

Nature of Assignment/ Skills required:

\_\_\_\_\_

Weekly Savings: \_\_\_\_\_ Funding Source: \_\_\_\_\_

If for any reason this request changes or becomes unnecessary, please contact Human Resources immediately at x4212

**Return this form to Human Resources**

**BUSINESS OFFICE**

Business Office Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Human Resources Verification: \_\_\_\_\_ Date: \_\_\_\_\_

**HR USE ONLY:**  
Date Received