

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**

List all of the major job duties to be performed:

**Additional Comments for OHR**

**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