NOTE: **We may not incur a cost if you determine within the first 4 hours that the temp. employee cannot satisfactorily meet your needs. In that event, please contact the Human Resources Unit.**

COMMITTEE FOR PUBLIC COUNSEL SERVICES
TEMPORARY WORKER REQUEST FORM

A. Requested by:	Office/Division/Unit:

B.

☐ **Initial Request – Temp. Worker** ☐ **Request – Extension of Temp. Worker** ☐ **Request – Increase in Scheduled Work Hours**

Temporary Position Required: _____

Reason for Need (Extension or Increase in Scheduled Work Hours) **Be Specific**:_____

Specific Duties: _____

_____

C.

SKILLS REQUIRED: ☐ Typing _____wpm ☐ Word Processing (MS Word unless otherwise noted)

☐ Switchboard/Telephone ☐ Excel ☐ Access ☐ Data Entry _____ Keystrokes per hour (☐ Alpha ☐ Numeric)

☐ Photocopying ☐ Other skills/attributes: _____

D.

Start Date: ____/____/____ End Date (or new End Date if Extension Requested): ___/____/____

WORK SCHEDULE: ☐ FT Work Hours _____ to _____ ☐ PT Days/Hours: _____ to _____

If an Increase in Scheduled Work Hours is requested indicate the new requested work scheduled and what the specific change(s) are:

_____

_____

Temporary Worker's Supervisor: _____

E. _____ _____

Office/Division/Unit Supervisor's Signature Date

F. **ADMINISTRATION REVIEW**

Received: _____/_____/_____

☐ Approved

☐ Approved as modified herein: _____

☐ Disapproved for the following reason(s): _____

By: _____ _____

Chief Counsel or Designee Date

FOR HUMAN RESOURCES USE ONLY

Temp Service: _____ Contact Name: _____ Telephone Number: _____

Temp Worker Name: _____ Start Date: _____/____/_____ Bill Rate: $_____/hour

Replacement Temp Worker Name: _____ Same Service: Yes/No

Start Date: _____/_____/_____ Bill Rate: $_____/hour

Revised 8/14/2023

TEMPORARY SERVICES REQUISITION INSTRUCTIONS

Use the "Temporary Services Requisition" form, which appears on the reverse side to request the services of a temporary employee, or to extend the services of a temporary employee currently on assignment. Use one form for each temporary employee.

Initial Request for Temporary Services – Complete the following sections:

A. Your name and office/division/unit.
B. Indicate that this is the initial request for temporary services.
   Type of temporary employee you require (i.e., data entry operation, clerk, secretary)
   Reason for this request. **Be specific.** (i.e., if is for a backlog, describe what is backlogged and how far behind it is; if it is for an employee who is on vacation or leave of absence.)
   Describe in detail the types of duties, which will be performed.
C. Check-off the **essential skills** required to perform this assignment and, if required, indicate words per minute for typing, keystrokes per hour for data entry, etc. and note skills, which are a **"plus"** in the area "Other skills/attributes".
D. Dates you wish the temporary to start and end the assignment. (*To ensure the availability of a temporary employee to fill your request, submit this form to the Human Resources Unit **no later than 2 week prior to the desired start date, unless an emergency exists**.)
   Specify the work schedule; if part-time, note days and hours that the office/division/unit **requires** a temporary employee to work. Name of the individual who will supervise temporary employee.
E. Obtain approval signature of your Office/Division/Unit Supervisor and submit the form to the Human Resources Unit. The requisition form will be forwarded to the Chief Counsel or his/her designee for review and the Human Resources Unit will advise you of the decision. (NOTE: If approved, the Human Resources Unit will arrange for a temporary employee, and then provide you with the pertinent information.)

Request for an Extension of Temporary Services – Complete the following sections:

A. See above.
B. Indicate that this is a request for an extension of temporary help services.
   Reason for the request for the extension of temporary services. **Be specific.** (i.e., if is for a backlog, describe what is backlogged and
   how far behind it is; if it is for an employee who is on vacation or leave of absence.)
   Describe in detail the types of duties, which will be performed.
D. Indicate **only** the new end date requested.
E. See above, excluding the NOTE.

Request for an Increase in Scheduled Work Hours – Complete the following sections:

A. See above.
B. Indicate that this is a request for an extension of temporary help services.
   Reason for the request for an increase for schedule work hours. **Be specific.** (i.e., if is for a backlog, describe what is backlogged and
   how far behind it is and if there is a deadline that must be met.)
   Describe in detail the types of duties, which will be performed.
D. Indicate **only** new requested work schedule what the specific change(s) are.
E. See above, excluding the NOTE.

Please contact the Human Resources Unit if you need to do anyone of the following:

- Request a Replacement for a Temporary Employee
- Request a Decrease in Scheduled Hours for a Temporary Employee
- Provide Notification of the "Early" Ending of an Assignment