

Rec'd order: _____

Initials: _____

FAS/PTAEO: _____

COPIED TO: F.CLIN (IF RESEARCH) ON DATE: _____

Hiring Contact: Phyllis M.Bibb, P.O. Box 400252, SEAS Budget Office, Thornton Hall
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Temporary Worker Order Request

DEPARTMENT: _____

ADDRESS: _____

SUPERVISOR: _____

PHONE NO.: _____

NUMBER OF EMPLOYEES NEEDED _____

DATES NEEDED: FROM: _____ TO: _____

MAXIMUM HOURS PER WEEK: _____

WORK SCHEDULE: FROM: _____ TO: _____

WORKING OFF CAMPUS? YES: _____ NO: _____

SKILLS /DUTIES NEEDED: _____

APPROVED JOB CLASS: _____

PERSON(S) ASSIGNED:

NAME: _____ SS# _____ PAY RATE: _____ BILL RATE: _____

NAME: _____ SS# _____ PAY RATE: _____ BILL RATE: _____

NAME: _____ SS# _____ PAY RATE: _____ BILL RATE: _____

SEAS HUMAN RESOURCES USE ONLY

ORDER CONFIRMED HIRE WITH CRIMINAL HISTORY CHECK :(DATE/TIME): _____

ALTERNATE WORK SCHEDULE? YES: _____ NO: _____

IF YES, WHAT TYPE? COMPRESSED SCHEDULE:
FLEX TIME:
ROTATIONAL OR FIXED SHIFT:

TELECOMMUTE? YES: _____ NO: _____