

TEMPORARY EMPLOYEE ORDER

DATE: _____

DEPARTMENT _____ **ACCT.#** _____

REQUESTED BY _____ **EXT.** _____

BUILDING & ROOM WHERE TEMPORARY WILL REPORT: _____

SPECIFIC JOB DUTIES: _____

WORK HOURS _____ **LENGTH OF ASSIGNMENT** _____ **STARTING** _____

REPORT TO _____

AGENCY CONTACTED

(PLEASE INDICATE ANY PREFERENCES FOR A SPECIFIC TEMPORARY WORKER)

NOTE: When asking for specific job duties use the following guidelines.

Typing _____ **WPM** **Special Equipment** _____

Answering Phones, how many lines? _____

Receptionist Duties, how busy is the office? _____

Word Processing or Computer usage, what software? _____

Medical Terms, all of the TTS workers that have Medical Terms have knowledge of General Medical Terms.

Data Entry, what type of machine? _____

Filing, will there be any typing involved? _____

APPROVED: BUSINESS OFFICE: _____ **DATE:** _____

TEMPORARY ORDERED BY: _____ **DATE:** _____

DEPARTMENT HEAD APPROVAL: _____ **DATE:** _____

SR. OFFICER APPROVAL: _____