Request for Temporary Agency Employee

**INSTRUCTIONS:** Please send completed request form and [Background Check Requirements](http://csus.edu/hr/docs/employment_services/csus_what_is_a_sensitive_position.pdf) form to **Human Resources Employment Services, Del Norte Hall 3009, Campus Zip 6032.**

|  |  |
| --- | --- |
| **Section 1** | **Department Information** |
| Dept/Location: |       | Phone #: |       |
| Supervisor: |       | E-mail #: |       |
| Phone #: |       |  |
| Reason for Temporary Agency Employee:       |
| Is this a result of a vacant position? Yes [ ]  No [ ]  |
| If **Yes**, please provide name of employee and position person will be filling: |       |
| Duties/Responsibilities (*please check below*):  |
| [ ]  Screen and route phone calls[ ]  Generate, edit and distribute correspondence, reports and documents [ ]  Screen and route mail[ ]  Greet visitors[ ]  Make travel arrangements and prepare travel claims[ ]  Initiate and maintain database files, lists and labels[ ]  Maintain/coordinate complex calendars, schedules and meetings [ ]  Strong verbal, written and interpersonal communication skills[ ]  Establish priorities and meet deadlines[ ]  Work independently | [ ] Thorough knowledge of English grammar, spelling, proofreading and punctuation[ ]  Corrected typing speed of 45 wpm[ ]  Proficiency with Word, Excel, and Outlook[ ]  Forecast, monitor and handle budget and purchasing matters[ ]  Handle confidential and sensitive matters[ ]  Interface with officials from educational, governmental and business communities[ ]  Interpretations of policies and practices implemented[ ] Other:      |
| Work Schedule: |       |
| Dress Code: |       |
| Start Date\*: | Choose a date | End Date: | Choose a date. |
|  \*Note: Start date is contingent upon successful completion of a background check |  |
| Chargeback information: | 660003 |       |       |       |
|  | CMS Account | CMS Fund | Dept ID | CMS Class |

|  |  |
| --- | --- |
| **Section 2** | **Approval Information** |
|       |  | Enter Date |
| Prepared By (Please Print) |  | Date |
|  |  |  |
| Approved By (MPP, Dean, Director, VP) |  | Date |

|  |  |
| --- | --- |
| **Section 3** *(HR use only)* | **Employee Information** |
| Employee Name: |  |
| Previous Employee? | Yes [ ]  No [ ]  |
| Position Classification: | [ ]  General Clerical Assistant[ ]  Administrative Assistant[ ]  Executive Assistant |