



Request for Temporary Position and Employee

Office/Regional Center: _____

Division: _____

Temporary Position Supervisor: _____

Requested Temporary Position Information

Position Title: _____ 25 hrs./week More than 25 hrs./week*

Dates required: _____ Requested Hourly Pay Rate: _____

Cost Center: _____ Fund: _____ Functional Area: _____

➤ I understand that this position can be terminated at any time due to lack of funds, discontinuance of the program, or for any other reason at the discretion of DDSN.

➤ I am aware that the use of this temporary position cannot exceed 12 continuous months.

Requestor: _____ Requestor's Title: _____

Justification: _____

**Additional Justification if requesting 25 or more hours/week position:* _____

Requested Temporary Employee Information

I request approval to hire/rehire the following person in the above temporary position:

Justification: (Include person's knowledge, skills, abilities, competencies, etc., that qualify him/her to perform job duties.)

Approval

Division Director: _____ Date: _____ Recommended: Yes or No

Facility Administrator: _____ Date: _____ Recommended: Yes or No

Director of Human Resources: _____ Date: _____ Approved: Yes or No

Associate State Director: _____ Date: _____ Approved: Yes or No
(if required)

State Director (if required): _____ Date: _____ Approved: Yes or No