



**Temporary Employment Policy
Request to Hire a Full-Time Temporary Employee**

Requestor: _____ Department: _____

T#: _____ Employee Name: _____

Start Date of Appointment: _____ End Date: _____

Total estimated work hours per week: _____

Time Period for over 29 hours: Start Date: _____ End Date: _____

Reason for exception:

Index code to fund health insurance? (required) _____

Requestor:

Department Signature

Date

Approved:

Human Resources

Date

** Exception will not be approved if the department cannot fund health insurance.*