



Information Technology (IT) Temporary Request Form – Contract Labor

Individuals who are hired through the temporary agency as per contract with the State of Kansas are employees of the agency.

Date: _____

Classification Desired: _____

Supervisor: _____ Department: _____

Dept. Location: _____ Ext. _____ Box: _____ Work Hours _____

Date Needed: _____ Length of Assignment: _____ Hrs per week: _____

SKILLS REQUESTED

(Note: Level of skills requested will determine classification and salary of position)

Skills Required (indicate if preferred and not required)

Duties/project for assignment:

Special Requirements: _____

Dress Code: _____

Authorization: _____ Date: _____

Supervisor Signature

Authorization: _____ Date: _____

Budget Officer Signature

OHR AUTHORIZATION

OHR Signature _____ Date _____

Temp Agency _____ Contact person _____ Phone _____

Temp Employee's Name _____ Start Date: _____

Screening: DMV _____ SOF _____

Original: OHR Copy: Hiring Department