

TEMPORARY ASSISTANCE

All temporary assistance must be arranged through Human Resources.

Business Unit:

Department:

Date(s) Required: From: _____ To:

For how many days/weeks:

Hours of Work: 8.30 am to 4.30 pm

9.00 pm to 5.00 pm Other (please specify): _____

(Please note – a 1 hour maximum, ½ hour minimum lunch break should apply)

Reason for temporary assistance required: (ie Annual leave, peak period etc)

Position Description attached Y / N

If no Position Description, please state skills required and tasks Temporary will be doing: (Please be as specific as possible)

Temporary will report to:

(Name and Title)

Signed: _____ Date: _____

(Department Head)

HUMAN RESOURCES USE ONLY

Temporary's Name:

Agency Used (if any):

Hourly Rate: \$ _____