



# Temporary Employee Request Form

Date:

TERF Number:

New

Revised

**Department Name:**

**Dual Credit Location:**

Recommended Employee Name:

Employee ID#:

Campus/Location:

Start Date:

End Date:

**Contract Type:**

**Adjunct/Community Education/Supplemental Complete As Applicable:**

Course/s Title:	Course Number	Section	Number of Credits	Pay Rate	Amount

**Hourly Complete As Applicable** **Total**

Position Title AND Assignment	Numbers of Hours	Hourly Pay Rate	Total

Important: All hourly employees will be paid upon submittal of an approved time sheet on a biweekly basis as per instructions on reverse side of time sheet.

**Specialized Assignments**

Position Title AND Assignment	Pay rate:	Total

**NOTE: Provide rationale or justification for the TERF.**

**Account Number:**

**Director/Coordinator/Manager**

**Human Resources**

**VP of Academics**

**VP for Finance and Administration**

**President**