**UHCL Temporary Labor Request CORESTAFF Employment Order/Confirmation**

Requestor: .

Department: . Extension: .

Dates temporary needed; From: . to .

Working Hours: . to .

Location: .



Reason temporary is needed: Please Check One

Vacant Position New Position Peak Period Special Project Special Event Maternity Leave illness Short Staffed Over 4 months Vacation Other .

List job duties and software requirements. Please be as detailed as possible.

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Department Approval: .

Human Resources Approval: .

Purchasing Approval: .

Order Placed by: Phone: . For Office Use:

CORESTAFF Contacted: . P.O # .

Account Number: 13786802

Classification: Bill Rate: .

Fax completed form to Jessica Stoner, On-Site Rep Phone: 713-4381312 Fax: 713-7397051

Em[ail: jessica.stoner@corestaff.com](mailto:ail:%20jessica.stoner@corestaff.com)