

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.

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 Sandi Gardea, On-Site Rep
Phone: 713-743-JOBS (5627) Fax: 713-297-8221
Email: uh@corestaff.com