UHCL Temporary Labor Request

CORESTAFF Employment Order/Confirmation

Requestor: ________________________________________.

Department: ____________________________, Extension: ____________

Dates temporary needed; From: ________________, to ________________

Working Hours: ________________, to ________________

Location: ____________________________

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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: ____________

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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