



**REQUEST INFORMATION**

Date Requested: \_\_\_\_\_  
 Dept. Name: \_\_\_\_\_  
 Requestor: \_\_\_\_\_  
 Location: \_\_\_\_\_  
 Report To: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Requested Associate(s): \_\_\_\_\_  
 Review Resumes:  Yes  No  
 Interview Required:  Yes  No (Technical Positions Only)

University Hospital: Index / \_\_\_\_\_  
 NAME & EMAIL ADDRESS OF TIME APPROVER \_\_\_\_\_  
 Justification for Position:  
 Vacation  Special Project  Instead of Hiring FTE  
 Temp-to-Hire  Open Position  Work Overload  
 Jury Duty  Illness  Leave of Absence  
 Seasonal Work  Other:  
 Renewal:  Yes  No If Yes, Name: \_\_\_\_\_  
 Replacement :  Yes  No If Yes, Name: \_\_\_\_\_

**ASSIGNMENT INFORMATION**

Assignment Period: \_\_\_\_\_ Overtime Required:  Yes  No  Occasionally  
 Start Date: From: \_\_\_\_\_ End Date: To: \_\_\_\_\_ Assignment Hours: From: \_\_\_\_\_ AM To: \_\_\_\_\_ PM

**JOB TITLE:**

**ADECCO CONTRACT PROGRAM JOBS:**

<input type="checkbox"/> Jr. Accountant	<input type="checkbox"/> Receptionist	<input type="checkbox"/> Material Handler	<input type="checkbox"/> Medical Assistant	<input type="checkbox"/> Courier Clerk	<input type="checkbox"/> Senior Medical Coder
<input type="checkbox"/> Accountant	<input type="checkbox"/> Secretarial	<input type="checkbox"/> Materials Management	<input type="checkbox"/> Medical Technician	<input type="checkbox"/> File Clerk	<input type="checkbox"/> Coding Specialist
<input type="checkbox"/> Sr. Accountant	<input type="checkbox"/> Clerk Typist		<input type="checkbox"/> Laboratory Assistant	<input type="checkbox"/> Head Clerk	<input type="checkbox"/> Emergency Dept. Coder
<input type="checkbox"/> Administrative Assistant	<input type="checkbox"/> Dental Assistant	<input type="checkbox"/> Massage Therapist	<input type="checkbox"/> Phlebotomist	<input type="checkbox"/> Registered Dietician	<input type="checkbox"/> Switchboard Operator
	<input type="checkbox"/> Dental Hygienist		<input type="checkbox"/> BioChem		
<input type="checkbox"/> Administrative Analyst	<input type="checkbox"/> Executive Secretary	<input type="checkbox"/> Occupational Therapist	<input type="checkbox"/> Physical Therapist	<input type="checkbox"/> Senior clerk/office Assistant	<input type="checkbox"/> Therapeutic Rehab. Specialist
<input type="checkbox"/> Computer Programmer	<input type="checkbox"/> Food Service Worker	<input type="checkbox"/> Operating Room Technician	<input type="checkbox"/> Principal Clerk	<input type="checkbox"/> Rehabilitation Aide	<input type="checkbox"/> Ultrasound Technician
<input type="checkbox"/> Data Control Staff	<input type="checkbox"/> General Medical / Clerical	<input type="checkbox"/> Patient Transport	<input type="checkbox"/> Radiation Technician	<input type="checkbox"/> Speech Therapist	<input type="checkbox"/> Patient Service Representative
<input type="checkbox"/> Department Administrator	<input type="checkbox"/> Housekeeping Service Worker	<input type="checkbox"/> Pharmacy Technician	<input type="checkbox"/> Radiological Technologist	<input type="checkbox"/> Staff Pharmacist	<input type="checkbox"/> Medical Billing Clerk

**JOB DESCRIPTION/ADDITIONAL INFORMATION**

**SECURITY ACCESS AUTHORIZATION**

Badge Access Information Building: \_\_\_\_\_ Days: \_\_\_\_\_ Hours: AM to \_\_\_\_\_ PM Doors: \_\_\_\_\_ Restricted Areas: \_\_\_\_\_  
 System Access Information Email:  Yes  No Voice Mail:  Yes  No Network:  Yes  No Other: \_\_\_\_\_

**APPROVAL**

Department Head Approval \_\_\_\_\_ Budget / Business Office Approval \_\_\_\_\_  
 \_\_\_\_\_ Date \_\_\_\_\_ Date

**ADECCO USE ONLY**

Associate Name: \_\_\_\_\_ Assgn #: \_\_\_\_\_ Customer # \_\_\_\_\_ Supplier Name/Routing #: \_\_\_\_\_  
 Pay/Bill Rate: \$ \_\_\_\_\_ / \$ \_\_\_\_\_ Skill Code: \_\_\_\_\_ Actual Start Date: \_\_\_\_\_ Actual End Date: \_\_\_\_\_