TEMPORARY EMPLOYMENT SERVICES (TES)



REQUEST FORM

To request a temporary employee in your department, **type the requested information in the fields below**, save to your Documents folder, and then submit the completed form to <u>testime@auburn.edu</u> (the TES email address). **If a TES employee is already identified, include the name of that employee in the subject line. ALL FIELDS SHOULD BE COMPLETED PRIOR TO SUBMISSION.**

CHECK IF YOU NEED APPLICATIONS		
Employee Name:		
Employee's Banner #:		
Department Name:		
Hire Date:	_	
Estimated End Date:		
Estimated Hours per Week:		
Hourly Pay Rate:	_	
Driving AU vehicle in this position: Yes	s No	
Supervisor's Name:		
Supervisor's Banner #:		
Request form emailed by:		
Home Org Code:		
Distribution Org Code/Timekeeping Lo	cation: HR	
District/Division Code:		
Campus Code: Main Campus Off	Campus	
Job Location Code:		
Please briefly describe the duties to be	e performed:	
	TES OFFICE USE ONLY	1-9
Position: 723	I-9:	
MP end date:		PDF
Hours at hire: ~		PUF
Revolving Door: Notes:		Арр
Restricted:	Notes.	TES
ID/Parking:		A-4
B/C sent:		A-4
		W-4