

COLLEGE OF SCIENCES and MATHEMATICS - TES Request Form

To request a temporary employee in your department, **type the requested information in the fields below**, save to your Documents folder, sign, scan and then submit the completed form to ksc0013@auburn.edu (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 No

Supervisor's Name: _____

Supervisor's Banner #: _____

Request form emailed by: _____

Home Org Code: _____

Distribution Org Code/Timekeeping Location: HR _____

District/Division Code: _____

Campus Code: Main Campus Off Campus

Job Location Code: _____

Please briefly describe the duties to be performed:

Funding Source (FOP and Description): _____

Requesting Employee Signature _____

Department Chair Signature: _____

COSAM Business Office Signature: _____