

Temporary & Casual Hourly Personnel Requisition

Functional Title					For Human Resources Use	
Supervisor						
Requisition Type	Original Personnel Extension* - Original Start _____ (M/D/Y) Replacement* * Name _____				Work Dates (M/D/Y)	Start: _____ End: _____ No. Days: _____
Summary of Duties					Staff	Admin Eng Clerical Tech Janitor Draft
Attach List If Needed					Duty Time (%)	
Account Information	Cost Center	Work Pkg	Job	Expense	HOD	
Cost Information FY _____	Est. Hrly Rates ST _____ OT _____ Est. Hours ST _____ OT _____ Total Estimated Cost _____			Comments:		
Originator	Signature			Date	Lab Address & Phone Number	

APPROVALS

Approvals All Requisitions	Signature & Date	Approvals 10 or More Days	Signature & Date
Cost Center Mgr.		Department Head	
P&C Officer		Controller's Office	
Staffing Coord.	(M. D. Williams)	Deputy Director	

THIS SECTION FOR HUMAN RESOURCES USE ONLY

Employee Name					
Actual Job Title	Job #		Hourly Rate		
Agency	Agency Name -		Actual Start Date		
PPPL	PO # S 0 _____ W - _____ - _____	Person # _____	Proposed End Date		
Processed By	Date: _____				