

STRONG STAFFING

INFORMATION REQUIRED FOR TEMPORARY EMPLOYEES
For Divisions 01 and 02

Contact name: _____

Telephone Extension: _____

Contact Fax Number: _____

Job Title: _____

Job duties (Especially computer skills needed and specifically what the temp will be performing-
not necessarily the duties of the position vacated) :

Div/Dept#: _____

Department name: _____

Account#: _____

Start date: _____

End date: _____

Work schedule: _____

Supervisor: _____

Telephone Extension: _____

Fax Phone Number: _____

Room#: _____

Building: _____

Box#: _____

Reason for temp?: _____