

**Use this form when in need of temporary assistance.
Complete this form in its entirety to ensure placement of the proper individual(s).**

University of Chicago Temporary Pool Request Form

Date Requested: _____	Reason for Request: _____
Requested By: _____	Extension: _____ Fax: _____
Department: _____	Anticipated Start Date: _____
Anticipated Salary/Range: _____	Anticipated Duration: _____
Bill to Account# _____	<input type="checkbox"/> Possible Extension <input type="checkbox"/> Temp-to-Hire
Reporting To: _____	Supervisor Extension: _____
Location: _____	Supervisor E-mail: _____

1) Does this position require BSD Compliance Screening (Medical Center access)? YES NO

2) Will this person need a CNetID? YES NO

3) Are you interested in pre-screening candidates? YES NO

If so, how many? _____

4) Are you requesting a former temporary employee? Name: _____

Job Function/Special Skills (If more than one person is needed for this assignment, please indicate this here.):

Full-Time / Part-Time Working Hours: _____ Lunch Period: _____

FOR UHRM ONLY

Possible Candidates: _____

Assigned To: _____ Assigned Salary: _____

Additional Comments: _____

**When you have completed this form, fax it to 773-702-0353, or e-mail to the
Temporary Pool Administrator at temporarypool@listhost.uchicago.edu.
You will be contacted promptly to finalize your request.**

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