

Temporary / Seasonal Employee/Trainee

_____ Criminal Check
_____ Application
_____ Report to HR

Campus: _____

Candidate Name: _____
(Last / First / Middle)

Address: _____

City: _____ Zip Code: _____

Home Phone: _____

Cell Phone: _____

Social Security #: _____

Birth Date: _____

Drivers License #: _____

State: _____

Duties / Position: _____

Ending Training Date (Minimum of 30 Days): _____

Is Employee a TRS Retiree? _____

Funding:

Hourly Rate: _____ Work Hours per Day: _____ Total Work Days _____

Total Expenditure: _____

<u>Account #:</u>	<u>Dist %</u>	<u>Available Funds:</u>
_____	_____	_____
_____	_____	_____

Authorization:

Principal / Supervisor Date

Finance Date

Human Resources Date