



Complete this **Colonial Temps Temporary Employee Request Form** to request a ColonialTemp. For assistance contact Colonial Temps at (202) 994-8078. Email completed form to ita@gwu.edu or directly to Colonial Temps staff.

Initiator/Requestor Name:	Telephone Number:	Email:
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A. Department Information

Department Name:		
Division Name:		
Site Supervisor Name:		Site Supervisor GWID:
Department Timekeeper:		Department HR Client Partner:
Banner Organization Code:	Is this a grant-funded role? <input type="checkbox"/> Yes <input type="checkbox"/> No	Labor Distribution Code(s) & Percentages if applicable:

B. Job Information and Requirements

Proposed Job Title:		
Proposed Start Date:	Proposed End Date:	Duration of Assignment:
Work Schedule: <input type="checkbox"/> Monday to Friday <input type="checkbox"/> Weekends <input type="checkbox"/> Evenings <input type="checkbox"/> Other		Expected Hours Worked/ Week: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time (specify hours worked/week _____)
Department to review resumes? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are students eligible? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dress Code: <input type="checkbox"/> Casual <input type="checkbox"/> Business Casual
Department to interview candidates? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes: <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate	<input type="checkbox"/> Business <input type="checkbox"/> Uniform
Will the ColonialTemp have access to financial and/or secure information (i.e. social security #s, credit card information, or date of birth)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Job Skills (i.e. MS Word, iBuy, customer service, pivot tables, etc.):		Job Description (or attach file):

C. Compensation

Max hourly wage available to the ColonialTemp: Amount the ColonialTemp may receive. Does NOT include fee. \$ _____ per hour	
OR	
Max hourly funding available inclusive of fee: \$ _____ per hour	

D. Review and Approvals

Approver	Title	Printed Name	Signature	Date
Department				
Financial/Budget				
Sponsored Project- if applicable				