



TEMPORARY EMPLOYEE REQUEST FORM

****Personnel hired through CIMAS is to perform research work****



NAME OF APPLICANT:

START DATE OF EMPLOYMENT:

END DATE OF EMPLOYMENT:

HOURLY PAY RATE:

OF HOURS PER WEEK:

ESTIMATED COST (fill in blanks below):

_____ X X X = \$

Hrly Rate x Hours/Wk. x # of wks. x 6.20% adm fee=Total Estimated.

APPLICANT'S FULL ADDRESS:

APPLICANT'S E-MAIL ADDRESS:

HOME PHONE:

WORK PHONE:

LAB DIVISION & ROOM #:

LAB ADVISOR:

ADVISOR'S PHONE:

DETAILED JOB DESCRIPTION: Please include requirements and qualifications and attach CV.