

**County College of Morris
Temporary Personnel Requisition**

Job Title _____ Department _____

Projected Start Date _____ Projected End Date _____

Days and Hours of Work _____

Number of Staff Needed _____ Individual Requested (if known) _____

If CCM Temporary – **Department #** To Be Charged _____

Department Primary Contact: _____

Describe duties and skills. Use reverse side if necessary.

Job Duties _____

Skills Required _____

Rationale (if replacement, state name) _____

Required Approvals: Route in order listed. Once final approval is obtained HR will confirm approval.

THIS IS A FILLABLE FORM – PLEASE CLICK “Fill and Sign”, TYPE YOUR NAME AND SAVE OUT BEFORE SENDING ON TO NEXT APPROVAL.

Requisitioned by: _____ Date: _____

Division Dean/Supervisor _____ Date: _____

Division VP _____ Date: _____

Budget _____ Date: _____

Business & Finance _____ Date: _____

Human Resources _____ Date: _____

*******FOR HUMAN RESOURCES USE ONLY*******

Temporary’s Name _____ Pay Rate _____

Agency _____ Bill Rate _____

Purchase Order Number _____