



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) _____

Department To Be Charged: Fund # _ _ Dept. # _ _ _ _ Object Code: _ _ _ _
For CCM Temp use 9162
For Agency Temp use 9328

If placement is through an agency, the dept **MUST** put up a req & provide the PO# to HR before the individual may begin working. Completed on: _____
Date

Purchase Order Number: _____

Department Primary Contact Name: _____ Ext #: _____

Job Duties (use other side if necessary)

Skills Required

Rationale (if replacement, state name) _____

THIS IS A FILLABLE FORM

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