

**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:

Requisition # _____ **BC #** _____

Requisitioned by _____ Date _____

Approved by _____ Date _____
Dean of Division/V.P.

Budget _____ Date _____

Human Resources _____ Date _____

President's Office _____ Date _____

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

Temporary's Name _____ Pay Rate _____

Agency _____ Bill Rate _____

Purchase Order Number _____