

SAINT JOSEPH'S UNIVERSITY
Request to Hire Form – Temporary Staff

For Office Use Only:
Date Received in HR / Initials

Date: _____

POSITION DATA:

Position Title: _____

Department: _____ Division/School: _____

Hiring Manager: _____ Extension & Email: _____

Anticipated Start Date: _____ Anticipated End Date: _____

Anticipated Hours per Week: _____ Anticipated Salary Rate: \$ _____ per hour *(if known)*

JOB DUTIES: *Please list (or attach) the job responsibilities of this position.*

- _____
- _____
- _____
- _____

DESCRIPTION OF NEED: *Please include (or attach) why this temporary person is needed (i.e. Jane Smith is going on leave)*

NOTE: If this request involves a reallocation of department funds, please attach a Budget Adjustment Form.

APPROVAL SIGNATURES:

Director: _____ Date: _____

AVP/AP/Exec Dir: _____ Date: _____

VP/Dean (*): _____ Date: _____

**Provost's signature is required only if no Vice President, Vice Provost, or Dean is present in the hiring chain*

Provost (if applicable): _____ Date: _____

Once the information and signatures above are complete, please return this form to the Office of Human Resources, Attention: Employment. If you know who you would like to fill your temporary position, please attach the person's resume.

HR/BUDGET REVIEW:

Recommended Salary Rate: _____

Director Compensation & HRIS: _____ Date: _____

Budgeting & Forecasting: _____ Date: _____