

To be used with work requirements 10 days in duration or less

Date:	Request By:	Dep't:					
Worker's Name:							
Address:							
Type of Work:	Work Location:						
Start Date:	End Date:						
Number of Days (CANNOT EXCEED 10 days):							
Days Worked:	<input type="checkbox"/> Mon	<input type="checkbox"/> Tue	<input type="checkbox"/> Wed	<input type="checkbox"/> Thur	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun
Hours/day:	Timesheets:		<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Other (Explain):							
Work to be Completed/Provided (please be specific – these are part of the Agreement):							

Compensation

Funds Confirmed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Department Code:
Rate of Pay:			
Other Expenses (Travel, etc.)			

Payment Categories

Check Requisition Attached:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Post Positions:	<input type="checkbox"/> Yes	<input type="checkbox"/> No (If yes, please complete TSA Posting Requirements sheet)

Approved By	Approval Signature	Date Authorized
Supervisor/Designate		
Department Director		
Human Resources		

TSA Posting Requirements

Please identify the number of positions that you need.

_____ Cook(s)

_____ Cleaner(s)

_____ Camp Attendant(s)

_____ Cook's Helper(s)

_____ Minute Taker(s)

_____ Other (Explain)

Education Requirements

Food Safe Level I/II

Other (Explain)

First Aid/CPR

Previous Experience

Event/Project Information:

Name of Event/Project:

Approx. No. of people:

Dates:

Special Requirements (i.e.: dietary)

Menu Submission:

Yes

No

Please indicate how many
of each meal:

Breakfast _____

Lunch _____

Dinner _____

AM Snacks _____

PM Snacks _____

Please indicate any other duties or responsibilities: