

## TEMP/ Time Slip Personnel Request Form

Employee Information			
Employee Name:			
WSU ID Number:		US Citizen?	
I-9 Needed?		<input type="checkbox"/> If NO, Country of Citizenship?	
		<input type="checkbox"/> Work Authorization Expiration?	

Position Information			
Department Name:		Supervisor:	
Location:		<input type="checkbox"/> Associated with USDA?	
<input type="checkbox"/> (PUL, SPO, WEN, EXT...etc.)		<input type="checkbox"/> Affiliate Name:	
Position Number:		Normal Hourly/Piece Rate:	
<small><input type="checkbox"/> If you do not know the position number, please write the name of a current or former employee with the same job description</small>			
Student Working in Major?		Using Work Study?	
Begin Date:		<input type="checkbox"/> If YES, work study hourly wage?	
End Date:		<input type="checkbox"/> Work Study Portal Completed?	

Funding Information			
	Funding Line #1	Funding Line #2	Funding Line #3
Funding Begin Date:			
Funding End Date:			
Budget/ Project:			

Additional <b>REQUIRED</b> Questions		
Do you anticipate the employee will be appointed for six (6) months or more?		
Anticipated Hours of work per week?		
Is it anticipated the employee will work eight (8) or more hours in each month of the appointment?		
Will this appointment be occurring seasonally or on a recurring basis?		
Do you anticipate this employee will be in student status now or at anytime during the upcoming year?		
Please provide any additional comments:		

Created By:		Date Created:	
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