

**Request for Services
Temporary Agency Employees
Business Operations**

Department Name: _____

Number of Temporary Agency Employees Hiring	Date Services Begin	Length of Assignment	Estimated Number of Hours Worked per Pay Period	Description of Duties	Why Temporary Agency and not OSU?	Agency Name	Hourly Rate to be Billed
							<i>Include chartfield (org/fund/account)</i>

Submitted By: _____

E-Mail Address: _____

Phone: _____

Fiscal Approval: _____

Director Approval: _____

Submit completed form to Lisa McCurdy, Business Operations HR, 105 Stores & Receiving Building, 2650 Kenny Road, Fax: 2-5666