

Short Term Staff Hiring Request Form

Requestor Name R					Requestor Email			Requestor Phone		Short Term Position Number		
Position Title Requested							Department					
Assignment Begin Date								Assignment End Date				
Work Location (Building)								Campus				
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Requested Hourly Rate Paygrade							College Division					
Anticipated Assignment Schedule							Shift Assignment FTE					
28 hours per week maximum (.70 FTE) Add Shift Begin and End Times Below or Variable Schedule							Job Duties/Additional Notes					
Sun	Sun Mon Tues Wed Th				nurs Fri Sat							
to	to	to	to	to	to	to						
Funding Information												
						0 Coo	ode Account Distribution %			Dist. Start Date	Dist. End Date	
index Name					Index Org. Cod		Je	61019	Distribution %	Dist. Start Date	Dist. Eliu Date	
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Emnowe	Empower Timekeeping Information											
Time Approver Name							Principal Investigator (if grant funded) Date					
Time Approver Kent State ID												
Time Approver Position Number							Research & Sponsored Programs (if grant funded) Date					
Supervisor Information Supervisor Name							Chairperson/Director/Department Head Date					
Supervisor Kent State ID												
Supervisor Position Number							Unit Budget Approver Date					
Talent Acquisition Information Date of Initial Contact							Dean/Division Head Date					
Talent Acquisition Recruiter												
Posting Advertisement Dates							Division VP (Appointing Authority) Date					
							E	Email completed and signed request form to employment@kent.edu				
Human Resources use only below this line												
Employee Name								Kent State ID Number				
Office of Compliance, EO & AA Approval								ployee Type	☐ New Hir	re 🗆	Prior Employee	
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Compensation Approved Rate								Human Resources Records Entry Date				