



Administrative & Office Support Requisition Form -- Contract Labor

Individuals who are hired through the temporary agency as per contract with the State of Kansas are employees of the agency.

Date: _____

Classification Desired: _____

Department Name: _____ Department No. _____

Supervisor's Name: _____

Begin Date: _____ End Date: _____ Hours per Week: _____

Department Box # _____ Tele. Extension: _____

SKILLS (required and/or desired)

Please attach brief description of job duties and responsibilities

COMPUTER:

Hardware IBM Compatible _____ Apple/Macintosh _____
Software Windows _____ LAN/Mainframe _____ Word Perfect _____ MS Word _____

CLERICAL SKILLS

General _____ Database (Access, Lotus) _____
Bookkeeping _____ Filing _____ Scanner _____
Answering _____ Reception _____ Storekeeper _____ Data Processing _____
Multi-line phones _____ Cashiering _____ Word Processing _____ Spreadsheet (Excel, Lotus) _____
Typing, WPM _____ Correspondence _____
Graphics (PowerPoint) _____ Desktop Publishing _____ Composition _____
Other _____

APPROVALS

Supervisor Signature Date: _____

Budget Officer Signature Date: _____

OHR AUTHORIZATION

OHR Signature _____ Date _____

Temp Agency _____ Contact person _____ Phone _____

Temp Employee's Name _____ Start Date: _____

Screening: DMV _____ SOF _____

Original: OHR Copy: Hiring Department