

Please send all forms to employment@wichita.edu

Contract Labor Requisition Form -- Individuals who are hired through, and are employees of, the temporary agency per contract with the State of Kansas.

Classification/Position Title: _____ Date: _____
Department Name: _____
Supervisor's Name: _____ Department #: _____
Begin Date: _____ End Date: _____ Hours Per Week: _____
Department Box #: _____ Tele. Extension: _____
Do you want to interview candidates prior to agency placement? Yes No

Job Summary (Describe the duties and responsibilities of the job. Include any license or certifications that may be needed. **BACKGROUND CHECK IS REQUIRED****):**

Minimum Education Required:

Minimum Experience Required:

Work Schedule:

Preferred education, experience, or skills:

Physical Requirements:

APPROVALS

Supervisor Signature: _____ Date: _____
Budget Officer Signature: _____ Date: _____

OHR USE ONLY

OHR Signature: _____ Date: _____
Temp Agency: _____ Phone: _____
Temp Employee's Name: _____ Contact Person: _____
Start Date: _____ Screening: DMV SOF
Pay Rate: _____
Bill Rate: _____