Case Western Reserve University

Please Fax or Email Requisitions – Please Fax to: 216-368-5245 or e-mail 4749@kellyservices.com

Ordering Source Name: First Last	Phone Number:	Today's Date:

Speed Type (9 Digits)											**Dept ID (6 digits)**						
Optional Event Code (Up to 10 Digits)																	

Department Name:

Temporary Employee Supervisor Name: First Last	Phone Number:

Kelly Web Time Timesheet Approver Name and E-mail Address:

Work Location and Physical Address:	Building / Floor:	**Number of Temporary Employees Needed**	

Targeted Pay Rate		**Salary Grade Level**	
Total Weekly Hours	(check one) θ 40 θ Other _____	**Start Date**	**Expected End Date**
Hours / Shift	From θ AM θ PM — To θ AM θ PM	**Days**	(circle days) M T W TH F S SU

Reason for Request: θ Seasonal Load θ Open Position θ Special Project θ Vacation θ Personal Leave θ Medical Leave θ Family Leave θ Other _____

SKILLS REQUIRED

Skill Category: ☐ Laboratory Staff ☐ Medical Clerical ☐ Medical Clinical ☐ Technical/IT ☐ Healthcare ☐ Clerical ☐ Accounting/Finance ☐ Industrial ☐ Professional ☐ Bloodborne Pathogen Staff ☐ Technical/Engineering ☐ Other: _____

Position Title:_____

Description of Job Duties: (please attach job description):

_____

EQUIPMENT TO BE USED (IF APPLICABLE)

Software Package: ☐ MS Word ☐ Excel ☐ PowerPoint ☐ Access ☐ MS Outlook ☐ WordPerfect ☐ Lotus Notes ☐ Project ☐ Windows Experience ☐ Other_____

Required Level: ☐ Basic ☐ Intermediate ☐ Advanced

Office Equipment: Telephone System: # of Lines _____ # of Extensions _____ ☐ Copier ☐ Fax

CANDIDATE INFORMATION: If you have already identified a candidate, please provide the following:

Name:_____ **Phone #:**_____ **SSN:**_____

Employment commitments must not be made without approval from management and Kelly Services. In accordance with Case's HR policy, candidates must complete Kelly's application process and background screen prior to their start date.

APPROVAL

Print Name:	Signature:	Date:

Authorized Signature _____ **Date** _____

Kelly Services Use Only Employee Assigned:	Branch #:	Order #: