

MARYWOOD UNIVERSITY
REQUEST FOR SEASONAL HELP

A. TO BE COMPLETED BY THE IMMEDIATE SUPERVISOR:

Department: _____

Department Budget # _____

Job Title: _____

Term of Employment: From: _____ To: _____

Person to be replaced: _____

Last date of work: _____

<u>Hours per Week</u>	<u>Weeks per year</u>	<u>From</u>	<u>To</u>	<u>Daily Schedule</u>	<u>Length of</u>
					<u>Meal Period</u>

Date

Signature of Immediate Supervisor

B. TO BE COMPLETED BY APPROPRIATE VICE PRESIDENT:

Before this request can be honored, the appropriate Vice President must sign below.

Date

Signature of Vice President

C. TO BE COMPLETED BY HUMAN RESOURCES:

Starting Wage \$_____ per hour Wage per Year \$_____

Person Hired: _____

Date of Hire: _____ Approved Starting Wage: \$_____

Date

Director of Human Resources