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: __________________________________________________

<table>
<thead>
<tr>
<th>Hours per Week</th>
<th>Weeks per year</th>
<th>From</th>
<th>To</th>
<th>Daily Schedule</th>
<th>Length of Meal Period</th>
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<tbody>
<tr>
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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