

MARYWOOD UNIVERSITY
REQUEST FOR SEASONAL HELP

A. TO BE COMPLETED BY THE IMMEDIATE SUPERVISOR:

Department: _____

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:

Position # _____

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

Person Hired: _____

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

Date

Associate Vice President for Human Resources