

INCIDENTAL EMPLOYEE AGREEMENT REQUEST FORM

	SUPERINTENDENT FOR HUMAN RESOURCES
FROM:	PREPARED BY:
DATE:	
NAME AND ADDRESS OF EMPLOYEE: _	
_	
_	
= FMAIL ADDRESS TO SEND DOCUMENTS	S:
RETIREMENT SYSTEM STATUS: TRS:	ERSACTIVERETIRED
KACE REQUESTS: EMAIL BADGE:	BUILDING ACCESS TO:
OTHER:	
	HAT ACTIVE ERS OR TRS EMPLOYEES ARE
NEEDS TO BE FINGERPRINTED? YES	(see note below) NO
DATE(S) OF SERVICE	
HOURLY RATE: DAILY RATE:	FOR HOURS A DAY
TOTAL CONTRACT AMOUNT OF \$	
TYPE OF SERVICE/DESCRIPTION OF DUTIES	S/SERVICES PROVIDED:
BUDGET CODE:	
If it is determined that the employee needs to be fin	ngerprinted, please call Human Resources at 486-8086.
CONTRACT APPROVED DISAPP	ROVED BY