



**Temporary Employee Recruitment Plan Form**

**Instructions:** This Recruitment Plan form is to be submitted with any new request for a 6- month, temporary exempt employee. Please complete the form in its entirety. Allow 10 business days for processing.

Candidate's Name: \_\_\_\_\_

Division: \_\_\_\_\_

VP Name: \_\_\_\_\_

Department Name: \_\_\_\_\_

Department Chair/Director: \_\_\_\_\_

Title for Temporary Position: \_\_\_\_\_

Who will the temporary employee report to? \_\_\_\_\_

Will the temporary employee supervise existing employees?     Yes         No

If yes, provide the titles of positions that will be supervised:

\_\_\_\_\_

Does this position currently exist?     Yes         No

If yes, when was the last time the position was filled? \_\_\_\_\_

Is the position granted funded?         Yes         No

If yes, please provide the beginning and end dates of the funding period:

*Beginning Date:*        \_\_\_\_\_                      *End Date:*        \_\_\_\_\_

Job Description:        *Attach additional document if needed*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Salary Range: \_\_\_\_\_

Estimated length of temporary assignment\*: \_\_\_\_\_

*\*Assignments longer than 6 months will require resubmission through this process.*

List all sources in which you plan to advertise this position: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you plan to fill the position on a permanent basis?      \_\_\_ Yes      \_\_\_ No

If not, why: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If yes, please state your plans for filling the position permanently (include a timeline): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_