



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.

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 that 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.