



**Information Technology (IT) Temporary Request Form – Contract Labor**  
*Individuals who are hired through the temporary agency as per contract with the State of Kansas are employees of the agency.*

Date: \_\_\_\_\_

Classification Desired: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Department: \_\_\_\_\_

Dept. Location: \_\_\_\_\_ Ext. \_\_\_\_\_ Box: \_\_\_\_\_ Work Hours \_\_\_\_\_

Date Needed: \_\_\_\_\_ Length of Assignment: \_\_\_\_\_ Hrs per week: \_\_\_\_\_

**SKILLS REQUESTED**

*(Note: Level of skills requested will determine classification and salary of position)*

**Skills Required (indicate if preferred and not required)**

**Duties/project for assignment:**

Special Requirements: \_\_\_\_\_

Dress Code: \_\_\_\_\_

Authorization: \_\_\_\_\_ Date: \_\_\_\_\_

*Supervisor Signature*

Authorization: \_\_\_\_\_ Date: \_\_\_\_\_

*Budget Officer Signature*

**OHR AUTHORIZATION**

OHR Signature \_\_\_\_\_ Date \_\_\_\_\_

Temp Agency \_\_\_\_\_ Contact person \_\_\_\_\_ Phone \_\_\_\_\_

Temp Employee's Name \_\_\_\_\_ Start Date: \_\_\_\_\_

Screening: DMV \_\_\_\_\_ SOF \_\_\_\_\_

**Original: OHR Copy: Hiring Department**