

(If you'd like to use this as a fillable form, please open it with Adobe)

Requested by:	on		_
Requested by: Faculty/Staff		Date	
Who will be the UTemp's direct supervise			-
IDT Account Number:			
UT Job Title:			
Hourly Rate:			
Start Date:	Projected End Date: _		
If you have already located a candidate for	or the position, please _l	provide their nan	ne and EID:
If this is to replace a current or previous	UTemp, please provide	their name:	
Will the UTemp need a UT photo ID?	Yes	No	
Will the UTemp drive a UT vehicle?	Yes	No	
Hours Per Week:			
Work Hours:			
Additional notes about work hours:			
Will this position require access to t	he Mainframe (i.e. DI	EFINE, processin	g travel authorizations and
reimbursements, purchase orders, office	supplies, etc.)?	Yes	No
Please choose an option:			
I would like to review resumes b	efore a UTemp is assign	ned	
I would like UTemp's staff to rev			
p		r	
Purpose of Position:			

Essential Functions:

Required Qualifications:

Preferred Qualifications:

Working Conditions: May work around standard office conditions. Repetitive use of a keyboard at a workstation. Use of manual dexterity. [Add any additional work conditions, such as travel, within and outside of Texas, work on nights and weekends, etc.]

*Note: If office space is needed, please consult with Tomas Gomez, tgomez@austin.utexas.edu

Signature of Electronic Signature of Mgr. or Designee

Date

Signature – Approved by CBO or Dean

Date

Please submit this form to biplease.edu.