California State University
MONTEREY BAY
Extraordinary Opportunity

Employnet

Contact Numbers
__ ACCT   582-4605
__ UP   582-3389
__ WH 877-425-8321

REQUISITION FOR TEMPORARY SERVICE

Section 1

Date: _____

☐ **State: MB000 (OR)** ☐ Corp:_____   Account: **613001** Fund:_____   Dept. ID #:_____   Dept. Name:_____

Class:_____   Program:_____   Project/Grant:_____

Supervisor:_____   Email:_____   Telephone #/Fax #:_____

Alternate Contact:_____   Email:_____   Telephone #/Fax #:_____

Start Date:_____   Anticipated End Date:_____

Required work schedule (days and hours):_____   Number of hours per week:_____

Reason for temporary use: ☐ Vacancy ☐ Leave ☐ Other:_____

Section 2   **Send Resumes:** ☐ Yes ☐ No   **Interview Candidates:** ☐ Yes ☐ No

In what capacity is this employee needed:

☐ Clerical Support   ☐ Administrative Assistant   ☐ Accounting Technician   ☐ Other: _____

Please describe the responsibilities/work duties for this assignment. (Attach JD or an additional page, if needed): _____

_____

Computer hardware/software skills required:

☐ MS Word   ☐ MS Excel   ☐ Hyperion   ☐ PowerPoint   ☐ Oracle/PeopleSoft   ☐ Email   ☐ Other(s):_____

Skill level required: ☐ Basic   ☐ Intermediate   ☐ Advanced

Phone skills required: ☐ Not Important   ☐ Important   ☐ Number of Lines:_____

Dress code required: _____   Other Requirements:_____

Section 3
Authorized MPP Name:_____   Signature:_____   Date:_____

Vice President Name:_____   Signature:_____   Date:_____

Section 4   **REQUEST FOR EXTENSION**

Date of Request: _____   Length of Extension:_____   Bill Rate: $_____   Pay Rate: $_____

Reason for Extension: _____

Authorized MPP Name:_____   Signature:_____   Date:_____

Vice President Name:_____   Signature:_____   Date:_____

Employnet **/University Personnel use only:**

Once completed, please email to accounts_payable@csumb.edu & nrogers@csumb.edu - Thank you!

Start Date: _____   End Date: _____   Bill Rate: $_____   Pay Rate: $_____   **61st Day Date:_____   61st Day Rate:_____**

Extension Date: _____   End Date:_____   Bill Rate: $_____   Pay Rate: $ _____   **Maximum Appt. Date:_____**

Employee Name: _____   Entered in CMS:_____   By:_____   Extension Date Entry:_____

Employnet : **Initial Req. sent back to CSUMB/Accts Payable:_____   Sent by:_____   Extension sent to CSUMB:_____   Sent by:_____**

61st Day Rate & Date:_____ / Sent Req. to CSUMB Date:_____ / 61st Day Rate Entered in Employnet System:_____   Initials:_____

novastaffingsolutions.com | 877.425.8321 (Office) | 877.443.9307 (Fax)

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