

**UMDNJ TEMPORARY STAFFING REQUISITION**

Adecco Newark On Site
 Adecco New Brunswick On Site
 Adecco Stratford On Site

Phone: 973-645-5429
 Phone: 732-258-8336
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REQUEST INFORMATION

Date Requested: _____
 Dept. Name: _____
 Requestor: _____
 Location: _____
 Report To: _____
 Telephone: _____
 Requested Associate(s): _____
 Review Resumes: Yes No
 Interview Required: Yes No (Technical Positions Only)

UMDNJ: Index / Admin Org. # _____
 NAME & EMAIL ADDRESS OF TIME APPROVER _____
 Justification for Position:
 Vacation Special Project Instead of Hiring FTE
 Temp-to-Hire Open Position Work Overload
 Jury Duty Illness Leave of Absence
 Seasonal Work Other:
 Renewal: Yes No If Yes, Name:
 Replacement : Yes No If Yes, Name:

ASSIGNMENT INFORMATION

Assignment Period: _____
 Start Date: From: _____ End Date: To: _____
 Overtime Required: Yes No Occasionally
 Assignment Hours: From: _____ AM To: _____ PM

JOB TITLE:**ADECCO CONTRACT PROGRAM JOBS:**

<input type="checkbox"/> Jr. Accountant	<input type="checkbox"/> Receptionist	<input type="checkbox"/> Material Handler	<input type="checkbox"/> Medical Assistant	<input type="checkbox"/> Courier Clerk	<input type="checkbox"/> Senior Medical Coder
<input type="checkbox"/> Accountant	<input type="checkbox"/> Secretarial	<input type="checkbox"/> Materials Management	<input type="checkbox"/> Medical Technician	<input type="checkbox"/> File Clerk	<input type="checkbox"/> Coding Specialist
<input type="checkbox"/> Sr. Accountant	<input type="checkbox"/> Clerk Typist		<input type="checkbox"/> Laboratory Assistant	<input type="checkbox"/> Head Clerk	<input type="checkbox"/> Emergency Dept. Coder
<input type="checkbox"/> Administrative Assistant	<input type="checkbox"/> Dental Assistant	<input type="checkbox"/> Massage Therapist	<input type="checkbox"/> Phlebotomist	<input type="checkbox"/> Registered Dietician	<input type="checkbox"/> Switchboard Operator
	<input type="checkbox"/> Dental Hygienist		<input type="checkbox"/> BioChem		
<input type="checkbox"/> Administrative Analyst	<input type="checkbox"/> Executive Secretary	<input type="checkbox"/> Occupational Therapist	<input type="checkbox"/> Physical Therapist	<input type="checkbox"/> Senior clerk/office Assistant	<input type="checkbox"/> Therapeutic Rehab. Specialist
<input type="checkbox"/> Computer Programmer	<input type="checkbox"/> Food Service Worker	<input type="checkbox"/> Operating Room Technician	<input type="checkbox"/> Principal Clerk	<input type="checkbox"/> Rehabilitation Aide	<input type="checkbox"/> Ultrasound Technician
<input type="checkbox"/> Data Control Staff	<input type="checkbox"/> General Medical / Clerical	<input type="checkbox"/> Patient Transport	<input type="checkbox"/> Radiation Technician	<input type="checkbox"/> Speech Therapist	<input type="checkbox"/> Patient Service Representative
<input type="checkbox"/> Department Administrator	<input type="checkbox"/> Housekeeping Service Worker	<input type="checkbox"/> Pharmacy Technician	<input type="checkbox"/> Radiological Technologist	<input type="checkbox"/> Staff Pharmacist	<input type="checkbox"/> Medical Billing Clerk

JOB DESCRIPTION/ADDITIONAL INFORMATION**SECURITY ACCESS AUTHORIZATION**

Badge Access Information Building: _____ Days: _____ Hours: _____ AM to _____ PM Doors: _____ Restricted Areas: _____
 System Access Information Email: Yes No Voice Mail: Yes No Network: Yes No Other: _____

APPROVAL

Department Head Approval _____ Budget / Business Office Approval _____
 _____ Date _____ Date

ADECCO USE ONLY

Associate Name: _____ Assgn #: _____ Customer # _____ Supplier Name/Routing #: _____
 Pay/Bill Rate: \$ _____ / \$ _____ Skill Code: _____ Actual Start Date: _____ Actual End Date: _____