

~TEMPORARY APPOINTMENTS MAY NOT EXCEED ONE YEAR~

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

Position Title: \_\_\_\_\_

(1) Specific Duties: Note Essential and Marginal

(2) Required Minimum Education and Experience:

(3) Attach signed copy of ADA Physical Requirements:

(4) Position Duration: \_\_\_\_\_ (30 days, 6 months, etc.) (5) Hours: \_\_\_\_\_ (8:30 – 5:00, 9:00 – 12:00, etc.)

(6) Supervisor Comments (Optional):

\_\_\_\_\_  
Supervisor Name (print)

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Hiring Authority Name (print)

\_\_\_\_\_  
Hiring Authority Signature

\_\_\_\_\_  
Date

**NOTE: Posting and Recruitment cannot begin without completion of this form.**