



Jefferson University Physicians
AUTHORIZATION REQUEST FOR TEMPORARY HELP

TO: Jenifer DiCampli Extension: 3-8367
Coordinator, Jeff Temps Fax: 503-9576

FROM: DATE:

Title Department Ext. #

New Order ___ Renewal ___ Name of Temp employee in position:
Start Date: End Date: **NOT TO EXCEED 30 DAYS
Start Time: End Time:
Office Location: Contact Person: Ext #

Charge Code 921- -7028
» Reason for request/coverage:
Name of Employee/Budgeted position:
» Funding (please choose one option):
a) Open Position PAR# ___ Vacation Coverage ___ Other ___
b) Budgeted under natural account #7028 Other ___

» Clerical Skills Required:
Telephone ___ Filing ___ Medical Terminology ___
Typing ___ wpm PC: ___ Software: ___ Internet Access: ___
Network Log-in: ___ Other: ___

Special Instructions:

» Technical/Allied Health

Position: Shift/Hours:

AUTHORIZATION:

Department Head Signature Date
JUP Administration Approval Date