



DATE: \_\_\_\_\_

TO: Jenifer DiCampli  
Coordinator, Jeff Temps

Extension: 3-8367  
Fax: 503-9576

FROM: \_\_\_\_\_

Extension: \_\_\_\_\_

\_\_\_\_\_  
Title

\_\_\_\_\_  
Department

SUBJECT: AUTHORIZATION REQUEST FOR TEMPORARY HELP

Please provide my office with temporary help according to the information listed below:

**Check one:**

New Order \_\_\_\_ or Renewal \_\_\_\_ Name of Temp employee in position: \_\_\_\_\_

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

Start Time: \_\_\_\_\_

End Time: \_\_\_\_\_

Office Location: \_\_\_\_\_

Extension: \_\_\_\_\_

Charge Code: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

• **Clerical Skills Required:**

Telephone \_\_\_\_

Filing \_\_\_\_

Medical Terminology \_\_\_\_

Typing \_\_\_\_ wpm

Dictaphone \_\_\_\_

PC: \_\_\_\_\_ Software:

\_\_\_\_\_

Internet Access: \_\_\_\_ Network Log-in: \_\_\_\_

Special Instructions:

\_\_\_\_\_

• **Technical/Allied Health**

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

Shift/Hours: \_\_\_\_\_

• **Support Services**

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

Shift/Hours: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Head Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Senior Officer Signature