# **TEMPORARY EMPLOYEE (TE) POSITION REQUEST FORM**

## **UW-Madison Facilities Planning and Management**

**Instructions:** This form must be fully completed with required signatures and attachments. Please read over Temporary Employees policy before you start this form: <a href="https://policy.wisc.edu/library/UW-5022">https://policy.wisc.edu/library/UW-5022</a> You can find TTC job descriptions and salary ranges at <a href="https://hr.wisc.edu/standard-job-descriptions/">https://hr.wisc.edu/standard-job-descriptions/</a>

Once the form is complete, send a DIGITAL copy to your department's executive assistant to begin the formal approval process.

#### **POSITION INFORMATION**

Official (TTC) Title:	Business Title (optional):	Business Title (optional):	
Department Name:	UDDS:		
Work Hours/Schedule:	Driving Required?		
	□Yes □No		
	Supervisor Position?		
	Yes □No		
Workplace Flexibility:			
Nights: ☐ Occasionally ☐ Regularly	If yes, how many directly & indirectly supervised?		
Weekends: ☐Occasionally ☐Regularly			
Holidays: □Occasionally □Regularly			
Position Control # (Physical Plant Only):	Number of Positions Requested:		
Recruitment Type:	If standard recruitment, choose application method	l:	
☐ Standard	□Resume		
$\square$ Direct Hire (skip to Direct Hire Information on	□ Cover Letter		
Page 2)	☐Work History		
	□Trades		
FOR STANDARD RECRUITMENTS ONLY	BUDGETED Salary or H	ourly	
Preferred Posting Time (# of weeks):	Rate: Consult w/ Department D unknown to Hiring Mana	-	
Minimum Years of Experience/Relevant Work Experience indicate required/preferred	rience:		
	PROPOSED POSTING S Hourly Rate:	alary or	
Special License/Degree Requirements (e.g. CDL, Pro	fessional License):		
Any additional comments (optional):			

#### **DIRECT HIRE INFORMATION**

**NOTE:** This portion is <u>not required</u> for standard recruitment. If this is a standard recruitment TE request, please skip this step.

Please fill out all the information as accurately as possible. If this employee is not already in our HR system, the recruiter will contact the employee for their social security number (SSN). SSN is not collected on this form due to security reasons.

Legal First and Last Name:	Preferred First Name:
Legal First and Last Name.	Ficienteu First Ivallie.
Date of Birth:	Desired Start Date:
Home Address:	Mailing Address if different from Home Address:
Email Address:	Phone Number:
Work Address (where they will report to):	Do they current or formerly work at UW or with a
	Wisconsin Retirement System (WRS) employer?
	□Yes □No □Unknown
	Did they retire from the Wisconsin Retirement System?
	□Yes □No □Unknown
Sex:	Salary or Hourly Rate:
☐ Male ☐ Female	
This information is required for all UW employees	
Duration of job/end date if known:	
DOSITION DESCRIPTION (REQUIRED FOR ROTE	STANDARD RECRUITMENT AND DIRECT HIRE)
FOSITION DESCRIPTION (REQUIRED FOR DOTT	13TANDARD RECROTTWENT AND DIRECT TIME,
This portion is <b>required</b> for both standard recruitment and/o	or direct hire. You can find TTC job descriptions and salary
ranges at https://hr.wisc.edu/standard-job-descriptions/	•
<u>Job Summary</u> Please provide more information about the jo	b and responsibilities outside of TTC descriptions

### **Essential Responsibilities**

Responsibility		Percent (%)
I.		
II.		
III.		
IV.		
V.		
VI.		
VI.		
VII.		
VIII.		
Unique Responsibilities	Enter up to four (4) unique responsibilities, 250 or fewer characters for each	
		D (0/)

Responsibility	Percent (%)
I.	
II.	
III.	
IV.	

Unique responsibilities percentages must total less than 20%. Total of essential and unique responsibilities percentages must total 100%

Please answer the following question	n before submission:		
Will this position have access to Vulnera	ble Populations such as minors and patients?		
□Yes	□No		
Will this position have property access so	uch as Master Key and room keycards?		
□Yes	□No		
Will this position be handling cash and/o	or other people's sensitive information (credit card, medical	info, etc.)?	
□Yes	□No		
Approvers	Signature	Date	
Supervisor/Hiring Manager			
Asst/Assoc Director			
Executive Director/Asst Vice Chancello	or		
	AL copy to your department's executive assistant.		
Final Approvers  FP&M Finance	Signature	Date	
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**FP&M HR Administrator**