

Georgia Tech OHR/Tech Temp Job Order Request

Revised April 2005

Requestor: _____ Phone Number: _____
Hiring Manager: _____ Phone Number: _____
HR Representative: _____ Phone Number: _____

Date: ____/____/____

PLEASE CHECK ALL THAT APPLY:

- _____ Send me permission to access online application system to view Tech Temp applicant pool. (Recruitment needed)
(Access sent to Hiring Manager unless otherwise noted)
- _____ Applicant referred by Department (No recruitment needed or recruitment complete)
(If recruitment phase is complete applicant must report to OHR with job order & resume before beginning assignment)
- _____ Moving from current position (Student, Regular, Affiliate, Etc.) to Tech Temp / Previous position terminated Y__ N__
- _____ Request for review of title, duties, and resume for appropriate employment classification

Applicant: _____ Rehire: Y__ N__ Employee ID # (if applicable): _____

Job Title: _____ % Time Worked: _____ Salary (or range): _____

Position requires Pre-employment Substance Abuse Screening Y__ N__ or Criminal History Check Y__ N__
(Effective June 1, 2005 all Tech Temp hires require a background check BEFORE beginning work Refer to HR Policies 5.6, 8.61, & 8.64)

Department has assigned GtID # or # already exists: Y__ N__ GtID # _____

Applicant was recruited from OHR online application system Y__ N__ (if no, applicant must provide a resume)

Dept. Name (non-abbreviated): _____ Dept. Fax #: _____

Home Dept. 3 digit # _____ Work Dept. 3 digit # _____ Mail Code: _____

Effective Hire Date: _____ (Temps working 50% time or more may have a maximum one year assignment)

Approximate Termination Date: _____ (Department must notify HR/Tech Temps via email when employee stops working)

Work Dept. PeopleSoft Position Number: _____ (Check One) → Misc. Exempt _____ Misc. Non-Exempt _____

Project Number(s): _____	Percent Distribution _____
(PeopleSoft Account #s) _____	Percent Distribution _____
_____	Percent Distribution _____ (Must total 100%)

Work Duties: _____

Required Education/Skills/Experience/Equipment Operation: _____

DEPARTMENTAL & OHR APPROVAL

Authorizing Signature: _____ Authorizing Signature: _____

Printed Name: _____ Printed Name: _____

OHR/ Reviewed by: _____ Date: _____