

HOUSING AUTHORITY OF THE COUNTY OF STANISLAUS

Request for Temporary Worker

Department: _____ Date of Request: _____

Position to be filled: _____

Requested By: _____

Full Time: _____ Range: _____ Salary: _____ per month

Part Time: _____ Range: _____ Salary: _____ per hour

Program to charge: _____

Total part time hours: _____ (Maximum of 999)

Typing required: _____ WPM: _____

10 key required: _____ Filing Experience required: _____

Computer experience required: _____ Work Perfect / Excel / other: _____

Other Education / Experience required: _____

Requested starting Date: _____ Ending Date: _____

Justification for filling this position: _____

Approved By:

Department Head

Date

Finance Director

Date

Executive Director

Date