

VANDERBILT TEMPORARY SERVICES JOB ASSIGNMENT REQUEST

1. Fill out this form completely and have it signed by a timesheet authorized person.
2. Fax to VTS at 343-9788.
3. A VTS representative will email and call to confirm receipt.

Date Requested: _____
Department: _____
Ordered by: _____ Extension : _____
Center Charge Number(s): _____
Start Date : _____ Length of Assignment: _____
Reason for temp request: Vacant Position <input type="checkbox"/> Vacation Coverage <input type="checkbox"/> Medical Leave <input type="checkbox"/> Special Project <input type="checkbox"/> Peak Workload <input type="checkbox"/> Maternity Leave <input type="checkbox"/> Other _____
Hours/Days: _____ Percentage of FTE _____
No. of Employees Needed: _____ Location: _____
Temp employee should report to : _____ Extension: _____
Temporary Job Title: _____
Please check all skills that apply: <input type="checkbox"/> MS Word <input type="checkbox"/> MS Excel <input type="checkbox"/> MS Outlook <input type="checkbox"/> MS PowerPoint <input type="checkbox"/> MS Access <input type="checkbox"/> MS Publisher <input type="checkbox"/> Data Entry <input type="checkbox"/> Multi-line phone <input type="checkbox"/> Copying/Filing <input type="checkbox"/> Mail/Fed Ex/UPS <input type="checkbox"/> Knowledge of Vanderbilt Campus <input type="checkbox"/> Customer Service <input type="checkbox"/> Transcription/Dictation <input type="checkbox"/> Calendaring/Scheduling <input type="checkbox"/> Travel Arrangements <input type="checkbox"/> Valid Driver's License <input type="checkbox"/> Heavy Lifting up to 50 lbs <input type="checkbox"/> Housekeeping <input type="checkbox"/> Accounting <input type="checkbox"/> Certification/License required _____ <input type="checkbox"/> VUNet ID <input type="checkbox"/> RACF ID <input type="checkbox"/> Star Panel access <input type="checkbox"/> Epic access <input type="checkbox"/> Medipac access
List specific job duties: _____ _____ _____
Authorized signature _____
Additional signature _____
Requested employee _____ (name of employee designated for assignment if applicable)
If necessary, may VTS utilize one of our approved secondary vendors? Yes <input type="checkbox"/> No <input type="checkbox"/>
Sandy Few 2-7756 Tim Fisher 2-8340
V# _____ Start Date _____
Employee Name _____
Referred to Secondary Vendor (Day/Time) _____ VTS Use ONLY

- Your department is welcome to hire VTS employees following 3 pay periods on assignment.
- A minimum 4 hour shift is required of all requests.
- While RUSH orders are accepted, we appreciate advance notice to identify the best available employee.