FSCJ Florida State College at Jacksonville

TASK ORDER FORM FOR CONTINGENT WORKERS

Requesting Department: _____

Supervisor: _____ **Supervisor Contact Number:** _____

CONTINGENT WORKER INQUIRY

Name of Contingent Worker: _____ **Campus/Work Location:** _____

Start Date of Employment: _____ **End Date of Employment:** _____

Contracted Vendor/Agency: _____

Position (Select One):

____ *888801 Administrative*   ____ *888805 Dual Enrollment*

____ *888802 Information Technology*   ____ *888806 Veteran Services*

____ *888803 Financial Aid*   ____ *888807 CWE Trades/Industrial*

____ *888804 Student Services (Credit Union Instructors)*

CONTINGENT WORKER EMPLOYEE INFORMATION

Personal Email Address: _____

Home Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone Contact: _____

College Requestor Name (Print): _____ **Date:** _____

College Requestor Signature: _____ **Date:** _____

(Human Resources)
Sonja Cross Signature: _____ **Date:** _____

NOTE: All staffing/intern requests requires a background check and approval.

HUMAN RESOURCES ONLY:
Social Security Number (If Applicable): _____
Date of Birth: _____
Gender: _____