

**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:**

- 888801 Administrative**  **888806 Veteran Services**
- 888802 Information Technology**
- 888803 Financial Aid**
- 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: \_\_\_\_\_