

**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):*

- |   |   |
|---|---|
| <input type="checkbox"/> 888801 Administrative                              | <input type="checkbox"/> 888806 Veteran Services      |
| <input type="checkbox"/> 888802 Information Technology                      | <input type="checkbox"/> 888807 CWE Trades/Industrial |
| <input type="checkbox"/> 888803 Financial Aid                               |   |
| <input type="checkbox"/> 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.\*\***

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