

**University of Richmond**

Request for Temporary/Limited Term Employee

Employee Information

UR ID	First Name
Last	Preferred First Name

Information from Hiring Manager

Time Sheet/Leave Report Approver Name	Department
Position #	Start Date
Banner Time Entry	End Date
Time Clock	

Schedule

Job Information

Hours per day	Position number (if known)
Days per week	Title
Weeks per year	Hourly rate
Total hours/year	Annual salary                      \$
	Is this position funded by a grant?      Yes      No

Labor Distribution *(Where should the salary be charged?)*

Fund	Org	Acct	Index	%

What is the business purpose of this position? *(REQUIRED)*

What is your plan for this position once this assignment has ended? *(REQUIRED)*

Approvals - *As required by your division or department*

Preparer	Date
Approver or PI (Grants)	Date
Grants Accounting Manager	Date

HR/Payroll Use Only

Employee Class	RTB Date
Human Resources	Date