

Short-Term Staffing Needs Request Document

Department	_____
Requestor Name & Title	_____
Date of Request	____/____/____
Contact Information	Phone: _____ Email: _____

Staffing Details

Position / Role Needed	_____
Number of Staff Required	_____
Start Date	____/____/____
End Date	____/____/____
Work Schedule	_____
Location	_____

Reason for Request

Description:

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Skills & Qualifications Required

Please specify:

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Additional Notes / Comments

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Important Notes

- Ensure all fields are completed to avoid delays in processing.
- Short-term staffing requests should be aligned with departmental budgets and approval processes.
- Clearly specify the required skills, dates, and reporting details.
- This document is for temporary staffing needs only; permanent positions require a separate request.
- Attach any additional information as necessary to support your request.