



University of New Haven

New Contingent Worker Request Form

Department	Location	Position	Date

DUTIES CONTINGENT WORKER WILL PERFORM:

Summary of scope of work (main responsibilities and duties)

Estimated start date: _____ Estimated end date: _____

(NOTE: Contingent workers are not permitted to have an assignment which extends beyond 6 months)

Total duration of the assignment:

JUSTIFICATION FOR CONTINGENT WORKER REQUEST:

1. Temporary coverage for an approved vacancy:

Reason for the vacancy: New activities Exiting employee:

Exiting employee Name: _____

Reason for exiting employee:

- Transfer to different position in the University:
- Terminating Employment: Termination Date: _____

2. Seasonal Need or Peak in Workload

Is the need or peak cyclical? If yes, please explain.

Yes

No

3. Special Projects

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4. Covering for short term or long term disability or medical Leave

Employee Name: _____

Period of Absence: _____

EXPERIENCE REQUIRED FOR CONTINGENT WORKER:

Education, skill set and/or experience required

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ADDITIONAL COMMENTS:

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APPROVAL SIGNATURES:

DEPARTMENT LEADER	DEPARTMENT DIRECTOR	VICE PRESIDENT	FINANCE