

TEMPORARY PLACEMENT FORM

Temp Agency: _____

Department/Division: _____

Date/Time Order Placed: _____

Placed By/Phone Number: _____

Billing Name and Address: _____

Address of Assignment: _____

Report To/Phone Number: _____

Start Date: _____ End Date: _____

Temp. Classification: _____

Working Hours: _____ Hours Per Day: _____

General Description of Work to be Performed: _____

Software Applications	Check if Needed	Proficiency Level		Functions Sets Needed (i.e., mail merge)
		Advanced	Working Knowledge	
Word				
Access				
Excel				
Power Point				
Outlook				
Internet Tools				
Language				
Other				

 Filing Stuff Envelopes Copying Answer Phones Minimum Typing**Note:** fax your request directly to temp agency.