

Ada County Highway District

Request for Term Employee

<i>Department / Division:</i>		<i>Date:</i>
<i>Requested by:</i>		
<i>Number of Term Employees Requested:</i>		
<i>Short Term:</i>	<i>Limited Term:</i>	
<i>Requested Position Title:</i>		
<i>Recommended Hourly Wage:</i>	<i>Work Hours:</i>	
<i>Desired Starting Date:</i>	<i>Duration of Employment:</i>	
<i>Reason for Request:</i>		
<i>Description of duties, specialty, desired experience, etc.:</i>		
<i>Remarks:</i>		
APPROVED		
<i>Division Supervisor:</i>	<i>Date:</i>	
<i>Department Manager:</i>	<i>Date:</i>	
<i>Personnel:</i>	<i>Date:</i>	
<i>Director:</i>	<i>Date:</i>	
FOR PERSONNEL USE ONLY		
<i>Contract Employment Agency:</i>		
<i>Date Agency Contracted:</i>		
<i>Approved Hourly Wage (for employee):</i>		
<i>Starting Date(s):</i>		
<i>Applicants Interviewed (3 minimum):</i>		
<i>Employee(s) Selected:</i>		