

Please use this form to request temporary work from Advance Services, Inc. Send completed forms to ames@asinc.net

Customer name: Iowa State University

Job Request Sheet

Department Coordinator/Contact Name: _____ Phone Number: _____

Dept Name: _____ Dept #: _____ College/Unit: _____ Work Unit: _____

Address: _____ Fund Account: _____

(If multiple funds are used, just write "SPLIT FUNDS")

Supervisor: _____ Report to: _____

Requested Start Date: _____ Requested End Date: _____

Job Title: _____ Number of Positions: _____

Regular Work Schedule: _____ Hours per Week: _____

If necessary, is this assignment authorized to work greater than 40 hours per week? Yes _____ No _____

Job Description: _____

Required Qualifications/Experience: _____

Required Licensures/Certifications: _____

Will the position involve driving responsibilities? Yes _____ No _____

If yes, please specify which vehicles: _____

Preferred Qualifications/Experience: _____

Essential Physical Functions (e.g. Lift/Push/Pull Activity, Accurate Color Recognition, Climb Ladders, etc.): _____

Is the position required to perform work at multiple locations? Yes _____ No _____

If yes, is the employee required to provide own transportation between those locations? Yes _____ No _____

Work Environment Description (factors outside of an office environment that should be considered): _____

Provides Functional Supervision (including students)? Yes _____ No _____ Number Supervised: _____

Interaction with youth under the age of 18? Yes _____ No _____ Youth under 18 Supervised? Yes _____ No _____

Dress Code: _____

Parking/Transportation: _____

Equipment (including a vehicle) Required: _____

Equipment (including a vehicle)/Software Provided: _____

Safety Requirements: _____

Requires access to ISU computer systems and buildings? Yes _____ No _____

Signature: _____ Date: _____