

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: \_\_\_\_\_ Worktag: \_\_\_\_\_  
(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: \_\_\_\_\_