

Personnel Request Form

Employee Name:

WSU ID #:

Local Address:

Phone:

WSU email:

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Start Date:

End Date:

Rate of pay:

Working Job Title:

New position? Yes

No

Position Description:

Desired Qualifications:

Expected Hours:

Work Study?

Yes

No

Funding, If Known:

Supervisor Signature:

Date:

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Business Office Use

Administrative Signature:

Date:

PERMS/TEMPS Entry:

Position #: