



Kelly Services' Johns Hopkins University Partnership
 1 N. Charles Street, Suite 1500
 Baltimore, MD 21201
 410-332-4445

Johns Hopkins University Temporary Request Form

Order Date: _____

| | | | | | |
|---------------------|--|---|--------------------------------------|----------------------------------|-----------------------------------|
| Reason Code: | <input type="checkbox"/> Extra Help | <input type="checkbox"/> Illness | <input type="checkbox"/> Resignation | <input type="checkbox"/> Meeting | <input type="checkbox"/> Vacation |
| | <input type="checkbox"/> Special Project | <input type="checkbox"/> Seminar/Training | <input type="checkbox"/> Other | _____ | |

| | |
|--|------------------------------------|
| Number of Temporary Employees Needed: _____ | |
| Start Date: _____ | Approximate End Date: _____ |
| Start Time (hr.): _____ | Ending Time (hr.): _____ |

| | |
|---------------------------------------|--|
| Resumes Required: Yes or No | Fax to: _____ |
| Interview Required: Yes or No | Best Date/Time to set up? _____ |
| Drug Test Required*: Yes or No | |

| |
|--|
| School Name: _____ |
| Department: _____ |
| Report to Location: _____ |
| Report to: _____ Title/Phone: _____ |

| | | |
|--|-------------------------|-----------------------|
| Ordered by: _____ | Title: _____ | Phone #: _____ |
| Confirm to: _____ | Title: _____ | Phone #: _____ |
| Authorized by: _____ | Signature: _____ | |
| Cost Center or Int. Order Number: (required for billing): _____ | | |

| JOB DESCRIPTION | | | |
|---|---|-------------------------------------|--------------------------------------|
| Primary Skills: | <input type="checkbox"/> Receptionist | <input type="checkbox"/> Clerical | <input type="checkbox"/> Secretarial |
| | <input type="checkbox"/> Data Entry | <input type="checkbox"/> Accounting | <input type="checkbox"/> Technical |
| | <input type="checkbox"/> Administrative | | |
| | <input type="checkbox"/> Other _____ | | |
| Telephone: # lines _____ # extensions _____ phone/system name _____ | | | |
| Software Skills Required: | | | |
| <input type="checkbox"/> MS Word | <input type="checkbox"/> Excel | <input type="checkbox"/> PowerPoint | <input type="checkbox"/> MS Access |
| <input type="checkbox"/> Groupwise | <input type="checkbox"/> Paradox | <input type="checkbox"/> QuatroPro | <input type="checkbox"/> Netscape |
| <input type="checkbox"/> Other | _____ | | |
| Software Skill Level: <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced | | | |
| Position # _____ (See Back of Order Form) | | | |

| |
|-----------------------------------|
| Complete Work Description: |
| _____ |
| _____ |
| _____ |
| _____ |

| |
|---|
| <p>Fax completed Order Form to: 410-685-2462</p> <p>Contact Nancy Assero at 410-332-4445</p> <p>With questions regarding your order or this form</p> |
|---|

* Drug Testing is an additional cost.