



BOARD OF COOPERATIVE EDUCATIONAL SERVICES OF NASSAU COUNTY
Department of Human Resources

REQUEST FOR TEMPO POOL PERSONNEL

TO: Department of Human Resources

FROM: _____ DATE _____
Program/Department

Number of persons needed _____ Position _____

Duties to be performed _____

Equipment to be used _____

Starting Date* _____ Ending Date _____

Reporting time: From _____ to _____

Program/Location _____

Budget Code _____
(No request can be processed without budget code information)

Person reporting to _____

Phone/Ext. _____

REASON: _____ Person requested is replacing _____
who is on an approved absence

_____ Until vacancy is filled — Request for Personnel
is on file in the Department of Human Resources

_____ Other _____

Department Authorization _____
Signature Date

Please send all copies to the Department of Human Resources. When the request has been filled, your copy will be returned to you.

***This form must be received in Human Resources at least 24 hours prior to the requested starting date.**