

Return this form to:

Office of Talent Acquisition Division of Human Resources 1600 Hampton Street, Suite 117 Email: HRFloat@mailbox.sc.edu

Phone: (803) 777-3821

Request for Floater Assistance

Department/Unit Information

Requesting Department	t:	
Physical Address:		
Contact Person:		
Telephone Extension:		
Contact Email:		
Billing Information		
Department Number:	——— Fund Nur	nber:
Reason for Request		
Position Vacancy	Annual Leave	Increased Workload/Project
Sick Leave	Maternity Leave	Other (explain):
Assignment Details:		
Level of Position:		
 Intermediate- performance Advanced- performance Administrative Control 	forms administrative suability (i.e. Administra ms a variety of completordinator)	rative support or clerical duties (i.e. Administrative Specialist apport or clerical duties with a moderate level of individual outive Assistant) ex administrative support or technical support duties (i.e. Iministrative (i.e. IT Services Specialist, Postal Courier)
Period of time needed:	(Time Per	riod can be extended if requested)



Desired Start Date:	Anticipated End Date:
Work Schedule:	
Dress Code:	
Permanent Position Posted: Yes	No
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Detailed Job Description: (Include job duties, equ.	uipment used, physical and mental demands, and lifting requirements): If this request
is due to a position vacancy, please attach the position desc	scription located in the PeopleAdmin system in lieu of completing this section.
Qualifications/Skills Required:	
Approvals	
Department Head:	
	<u></u>
Printed Name	Date
Signature:	
OFF	FICE OF TA USE ONLY
Extension Date:	
Floater Assigned:	
Filled Date:	_
Access:	
	Yes No
n vacant position was noater inreu:	168 110