

Agency Temp Request Form

Overview

Please use this form to request an Agency Temp for your department.

Guidelines

- The work must be overseen by an Albert Einstein College of Medicine (“Einstein”) employee (faculty, staff).
- The duration of the entire temp period should NOT exceed 90 days.

Process

1. After you submit this form, it will go to Human Resources (HR) Talent Acquisition for review and approval.
2. Once Talent Acquisition received the request, it will need to be reviewed by Senior Leadership and the Budget Office.
3. If the request has been approved, HR will reach out to discuss a list of agencies to engage in the search to fill the department’s need. If it is deemed appropriate, HR may recommend the department hire someone from the Union Layoff List to fill the temporary need.
4. Once a temp has been identified, if applicable, the temp will be contacted by the Occupational Health Service (OHS) for medical screening. If the temp will need training through Environmental Health & Safety (EH&S), the Department Administrator will need to enroll the temp in relevant training through their office. If the temp is scheduled to work with animals, The Institute for Animal Studies should also be notified.
5. The agency temp must meet with HR on their first day to receive a memo to obtain their campus issued identification. At that time, they will also complete a confidentiality agreement.

Processing Time: Allow up to one (1) week for review, final approval and initial contact by HR, and an additional two (2) weeks if medical screening is required. HR will confirm start date once pre-employment process has been satisfactorily completed. Additionally, the Department Administrator should ensure that the necessary health and safety training is completed to ensure compliance in a timely manner.

Please Note: Temps replacing/filling in for union positions are subject to the guidelines in the Collective Bargaining Agreement. For temp assignments that extend beyond 90 days, you will be required to create an iCIMS Requisition and hire the temp as an Einstein temporary employee.

Agency Temp Request Form

DEPARTMENT DATA

Supervisor for Agency Temp

First Name: _____ Last Name: _____ Phone Number: _____
 Title: _____ Department: _____ Email Address: _____

Department Administrator

First Name: _____ Last Name: _____ Phone Number: _____
 Title: _____ Department: _____ Email Address: _____

THE ASSIGNMENT

Duration of temp assignment: From: _____
 To: **Hours of temp assignment:** From: _____ To: _____ (e.g., 9:00 a.m.-5:00 p.m.)

Location of temp assignment: Building: _____ Floor & Room #: _____

Maximum Hourly Rate: \$ _____ PO #: _____
 (Please Note: the rate you will be charged may be slightly higher due to agency fees.) If you have an open PO for temps, please note it.

Index/Org # to be used: _____

Please provide reason temp is needed. (e.g. Leave of Absence Replacement, Project, etc.):

Will the temp replace an employee? Yes ____ No ____

If yes, Provide Employee's Name and title: _____

Would you like to interview temp candidates after reviewing resumes? Yes ____ No ____

Are there required pre- employment clearances? Yes ____ No ____

Provide list of other clearances below:

Please complete attached (e.g. medical clearance, child abuse registry).

Please complete attached OHS form for Medical Clearance.

Please provide a list of preferred agencies if applicable:

Please write a brief overview of the duties the agency temp will be performing. Include any necessary and special skills the temp needs to be knowledgeable about. (e.g. bilingual is must)

Health & Safety Form

Finalist Name:		Email Address:	
Job Title:		Department and Subdivision (if applicable):	
Administrator:		Hiring Manager:	
Pre-requisite for Pre-employment Physical*		Animal Handler	
*Will this person work in a laboratory?	Yes ___ No ___	Will this person work with animals?	Yes ___ No ___
*What is this person's risk of occupational exposure to tuberculosis?	Yes ___ No ___	Monkeys	<input type="checkbox"/>
*If routine or high is checked, will the person be using a respirator?	Yes ___ No ___	Sheep	<input type="checkbox"/>
*Will this person be at risk of occupational exposure to blood borne pathogens?	Yes ___ No ___	Dogs	<input type="checkbox"/>
A pre-employment physical is required if one or more of the asterisked items above is selected as yes or routine.		Rodents	<input type="checkbox"/>
Radiation/Radioactive Materials	Yes ___ No ___	Cats	<input type="checkbox"/>
		Other (Please specify):	
OSHA Regulated Agents			
Will this person be at risk of occupational exposure to the following OSHA- regulated agents?			
Asbestos	Yes ___ No ___	4-Aminodiphenyl	Yes ___ No ___
Alpha-naphthylamine	Yes ___ No ___	4-dimethylaminoazobenzene	Yes ___ No ___
Arsenic, inorganic compounds	Yes ___ No ___	4-Nitrobiphenyl	Yes ___ No ___
Benzene	Yes ___ No ___	3,3'-dichlorobenzidine	Yes ___ No ___
Benzidine	Yes ___ No ___	Methyl chloromethyl ether	Yes ___ No ___
b-naphthylamine	Yes ___ No ___	N-Nitrosodimethylamine	Yes ___ No ___
Bis-Chloromethyl ether	Yes ___ No ___	1,2-dibromo-3-chloropropane	Yes ___ No ___
Ethyleneimine	Yes ___ No ___	2-acetylaminofluorene	Yes ___ No ___
Ethylene Oxide	Yes ___ No ___	Other Hazardous Chemicals	Yes ___ No ___
Formaldehyde	Yes ___ No ___	Please Specify:	
All other infectious agents (Please specify):			

By submitting this form, the mentor/hiring manager ensures that the above information is correct and accurate.

Hiring Manager: _____ Date: _____