

City of Klamath Falls
TEMPORARY HIRE NOTICE

Directions: Department Head/Supervisor completes and routes form to Human Resources. A copy is sent to AFSCME in compliance with the collective bargaining agreement dated July 1, 2011.

Job Title: _____ Dept/Division: _____

Proposed wage: _____ (hourly rate)
Typical work days: _____
Typical hours: _____
Length of Hire: _____ (maximum 6 months; 30 days for emergency fill-in)
Temps Needed: _____

Date needed to start: _____

Job Duties:

Reason for Hire:

Supervisor Signature _____ Date _____

Finance Director Approval _____ Date _____

Human Resources Director Signature _____ Date _____

=====

Sent to AFSCME Representative
By: _____
 Initials Date