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, 2013.

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 Officer Approval Date

_____ _____
Support Services Director Signature Date

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☐ Sent to AFSCME Representative

By: _____ _____
Initials Date

_____
Human Resources
(541) 883-5317