

A Requisition Must Be Submitted For Each Event.

**BALL STATE UNIVERSITY**  
**\*CASUAL EMPLOYEE REQUISITION**

\*Camps, workshops and other short-term project employees.

(1) Date:		(2) Originating Department:		3) FOAP:	
(4) Supervisor:			(5) Phone:		(6) Inclusive Employment Dates from: _____ to: _____
(7) Event/Reason for Vacancy:				<input type="checkbox"/> (8) Check <u>only</u> if funding source is a grant.	
(9) Event No./ Week No.	(10) Event Date(s)	(11) Position Title(s)	(12) Quantity Per Title:	(14) Hourly Rate	
(14) <u>Approvals:</u> <hr/> Supervisor _____ Date _____ <hr/> Dean; Administrative Officer _____ Date _____ <hr/> Vice President _____ Date _____			(15) <u>Budget Office/Contracts and Grants Approval and Verification:</u> <hr/> Budget Office, or Contracts and Grants _____ Date _____ Inclusive Funding Dates: _____		

Instructions:

- (1) Date form completed
- (2) Official department name
- (3) FOAP for payroll charges (Fund, Org#, Account, Program)
- (4) Name of supervisor for event
- (5) Phone extension of supervisor
- (6) Inclusive dates of camp(s)/workshop(s)/project/etc.  
 Ex.) Event I = 7/1 thru 7/5, Event II = 7/7 thru 7/11  
 then, inclusive dates are 7/1 thru 7/11
- (7) Ex.) Volleyball Camps, Journalism Workshop, Project title/dept.
- (8) If funding source is a grant, then route through Contracts & Grants.
- (9) Only list event/week number if more than one.
- (10) List dates of each event.  
 Wk I 7/1 – 7/5  
 Wk II 7/7 – 7/11
- (11) Ex.) Lecturer, coach, counselor, consultant, research participant, etc.
- (12) Number of positions per title to be funded.
- (13) Rate or range of pay. Ex.) \$15/hr., \$200 per camp, \$150 – 300 per workshop. Note: Indicate exact hourly pay rate at the top of the casual employee's data sheet.

Approvals:

- (16) All requisitions must be approved/signed by the 1) supervisor, 2) Dean or Administrative Head, and 3) signed or initialed by the Vice President of the area.
- (15) Secure signed approval from the Budget Office (or Contracts & Grants if grant funded.)

**After form has been completed and all signatures obtained, forward original copy to University Human Resource Services. Additional copies may be made as desired.**

Comments:

FOR UNIVERSITY HUMAN RESOURCE SERVICES USE ONLY		
Date Received:	HR Rep:	Position No.:
_____	_____	_____