

# Associate Staffing Request

Store/Department: \_\_\_\_\_ Position: \_\_\_\_\_ Date Needed: \_\_\_\_\_

Current Budgeted Positions: FT \_\_\_\_\_ PT \_\_\_\_\_

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## FULL TIME PART TIME AND TEMPORARY EMPLOYEE REQUEST

AVAILABLE UPON PURCHASE

## CONTRACT EMPLOYEE REQUEST

AVAILABLE UPON PURCHASE

**To begin work on:** \_\_\_\_\_

Dept. Head/GM: \_\_\_\_\_ Date: \_\_\_\_\_

Exec/Dist. Mgmt. approval: \_\_\_\_\_ Date: \_\_\_\_\_

Received Human Resources: \_\_\_\_\_ Date: \_\_\_\_\_

Original To Corporate

Duplicate – retain

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