



ManPower Request Form

Employer: _____ Contact Person: _____

Work Phone: _____ Ext. _____ Cell Phone: _____

Job Location: _____ Job Number: _____

Job Title	Rate of Pay	# of Positions	Dates Needed	Start Time

Job is: M-F Weekends Shift FT PT PERM Temp

Job Will Last: 1-5 Days 1-2 Weeks 30-60 Days 60-90 Days 90-120 days + 150 Days

License Required: Yes No CDL: A B C D

Tools Needed Yes No Explain: _____

Working Conditions/Physical Demands: _____

Skills Training: _____

Special Instructions: _____

Alcohol/Drug Test Required through employer: Yes No Physical Required: Yes No

Testing Center/Lab to Report to: _____

What is the pay schedule: (ie. Mon-Sun)? _____

When are timecards due (day & time)? _____

When are employees expected to be paid? (day & time) _____

NOTE:

- If Employer fails to cancel arrangements or does not show up, you will be billed 4 hours for employee(s) time.
- If TERO does not have anyone to fill the position, please request an Amendment Form.

For Office Use Only:

Rec'd By: _____	Date: _____
Worker Sent? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Employee _____
If no, Explain: _____	