

TEMPORARY PLACEMENT/CONTRACTOR BOOKING FORM

Email: kfitzgerald@dixonappointments.com.au

Position required:		Number of positions required:	
Today's date:			
SWINBURNE CONTACT DETAILS:			
Contact name:		Title/Position:	
Department/School:		Campus:	
Email:		Phone:	
LOCATION DETAILS:			
Location of role:			
Department/School:		Room number:	
Campus:		Parking access:	
JOB DETAILS:			
Start date:		Est end date:	
Start time:		Finish time:	
Reporting to:		Title:	
Direct telephone:		Hourly pay rate to candidate:	\$
Overtime arrangements (if applicable):			
DUTIES/RESPONSIBILITIES:			
Duties/ responsibilities:			
Qualifications/ experience required:			
Software package/s required:			
Swinburne Preferred Placement required: Yes <input type="checkbox"/> No <input type="checkbox"/>			
If Yes, please give name(s):			
INVOICE/ACCOUNT DETAILS: (This section must be completed with the appropriate Finance 1 code)			
Billing Contact:			
//_/_/_/_/_/_/7030		(General Administration)	
//_/_/_/_/_/_/7030		(Maintenance)	
//_/_/_/_/_/_/7030		(Cleaning)	
//_/_/_/_/_/_/7030		(Technical)	
AUTHORISATION DETAILS: (Please place details of Authorising Work Unit Manager here)			
Name:		Signature:	
Email Address:		Phone:	