



TEMPORARY PLACEMENT BOOKING FORM

For Hawthorn and Prahran Campuses please fax this booking form and/or contact our CBD Branch on:
Fax: 9629 2552 Ph: 9203 4900 E-mail: swincbd@hoban.com.au

For Croydon, Wantirna, Lilydale and Healesville Campuses please fax this booking form and/or contact our Mulgrave Branch on:
Fax: 8543 1929 Ph: 8543 1920 E-mail: swinmulgrave@hoban.com.au

SWINBURNE CONTACT DETAILS:

Date: _____ Department: _____
Contact Name: _____ Title: _____
Telephone: _____ E-mail: _____

TEMPORARY REQUIREMENTS:

Start Date: _____ Finish Date: _____
Start Time: _____ Finish Time: _____
Position Title: _____ Department: _____
Room number: _____ Campus: _____
Reporting to: _____ Title: _____
Direct telephone: _____ Parking access: _____
Number of Placements Required: _____ Hourly Charge Rate: \$ _____

Job Duties: _____

Skills and computer packages required: _____

Overtime arrangements (if applicable): _____

Is this temporary placement listed with any other panel provider? Yes No

Swinburne Preferred Placement Required: Yes No

If Yes, please give name(s): _____

INVOICE/ACCOUNT DETAILS:

Billing Contact: _____

(This section must be completed with one of the following Finance 1 Codes)

- __ / __ / __ / __ / __ / __ / 70545 (General Administrative)
- __ / __ / __ / __ / __ / __ / 70546 (Maintenance)
- __ / __ / __ / __ / __ / __ / 70547 (Cleaning)
- __ / __ / __ / __ / __ / __ / 70548 (Technical)

AUTHORISATION DETAILS:

(Please place details of Authorising Work Unit Manager here)

Name:		Signature:		E-mail address:	
-------	--	------------	--	-----------------	--