



Staffing Request

Supervisor Name: _____ **Date:** _____

Full-Time/Part-Time: _____

1. Job Title: _____
2. If for the Farm Stores, will it be required they are at least 18yrs old?(Yes/No) _____
3. Average Weekly Hours to Staff, select one of the options below:
 - 0-10 hours
 - 11-15 hours
 - 16-20 hours
 - 21-30 hours
4. Shift Schedule, select one below, or specify the schedule:
 - Morning
 - Afternoon
 - Closing
 - Other: _____
5. Replacement or New Position: _____
 - a. If Replacement for who: _____
 - b. If new positions, justification for why:

6. Once form is completed email your Division Director.