



Return this form to:

Employment Office
Division of Human Resources
1600 Hampton Street, Suite 117
Phone: (803) 777-3821 Fax: (803) 777-0302

Request for Floater Assistance

Department: _____

Location: _____

Telephone: _____

Contact Person: _____

Account Number to Charge:

Department:

Fund:

Class:

Skills needed:

Equipment floater will operate:

Period of time needed:

Days and Hours Needed

Justification (such as maternity leave, sick leave, vacation, or vacancy):

Department Head Signature

Date