



**LEECH LAKE BAND OF OJIBWE
TEMPORARY EMPLOYMENT PROGRAM**

WORKER REQUISITION

Date of Request: _____ **Requested by:** _____ **Phone Ext:** _____

Department: _____ **Division Director:** _____

Date(s)/Hours TEP Participant Requested _____

Number of TEP Participants requested: _____

Type of work: _____

Other notes/special requirements (if applicable): _____

Safety equipment required: (hat, gloves, boots) Please be specific: _____

Division Director Signature: _____

Authorized signature for timesheet: _____

**Timesheets must be turned into the TEP office by 12:00pm daily for same day pay. Time sheets submitted after 12:00pm will be paid out the next business day.*

This form must be completed before TEP Participant is placed at the requested worksite.
By signing this form I _____ agree that _____ will be responsible for
(DIVISION DIRECTOR) (REQUESTING DIVISION)
the reimbursement to the LLBO Temporary Employment Program at the rate of **\$12.00 per hour per job participant and job request.**

REVISED: MARCH 2014