

SECSVS11 SECURITY GUARD REQUEST FORM

Revised 3/1/12

TO BE COMPLETED BY STATE AGENCY

Agency Name:		Request Date:	
Contact Person:		Contract Start Date:	
Contact Title:		Contract End Date:	
Contact Phone:		Shift Start Time:	
Contact Fax:		Shift End Time:	
Contact Email:		Lunch:	<input type="checkbox"/> ½ hour <input type="checkbox"/> 1-hour <input type="checkbox"/> Paid <input type="checkbox"/> Unpaid
(Required Information) State PO/SCO #:		SWC# (listed below)	
Job Location:		SECSVS11A Allied Barton 304-768-1064	
County:		SECSVS11C G4S Secure Solutions (USA), Inc. 304-727-4608	

AGENCY POSITION INFORMATION

Check	Job Classification	# Workers	# Hrs Per Day	# Days Per Week		REGION I ALLIED BARTON	REGION II G4S Secure Solutions (USA), Inc.	REGION III ALLIED BARTON	REGION IV ALLIED BARTON
	LIMITED ASSIGNMENT PERSONNEL					\$10.50	\$11.47	\$10.50	\$10.50
	PROBATIONARY GUARD I					\$10.50	\$11.47	\$10.50	\$10.50
	SECURITY GUARD II					\$10.50	\$11.47	\$10.50	\$10.50
	SECURITY GUARD III / SHIFT SUPERVISOR					\$10.50	\$11.47	\$10.50	\$10.50
	SERGEANT					\$10.50	\$11.47	\$10.50	\$10.50
	LIEUTENANT					\$10.50	\$11.47	\$10.50	\$10.50

VENDOR INSTRUCTIONS:

- a) Please attach a brief description of job duties **if different** from Purchasing Division SECSVS11 specifications.
- b) If you have problems with employee time sheets or employee, **immediately** contact the appropriate vendor.
- c) If you need additional space for specific instructions please provide in the agency instructions space below.

AGENCY INSTRUCTIONS: (If additional space is needed, please add another page).

Agency Representative Signature: _____ Title: _____