

# SECSVS14 SECURITY GUARD REQUEST FORM

## 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:      ½ hour      1-hour      Paid      Unpaid	
(Required Information) State PO/SCO #:		SWC# (listed below)	
Job Location:	<b>G4S Secure Solutions USA, Inc.</b> <b>304-727-4608</b>		
County:			

## AGENCY POSITION INFORMATION

Check	Job Classification	# Workers	# Hrs Per Day	# Days Per Week	<u>REGION I</u>  G4S Secure Solutions USA, Inc.	<u>REGION II</u>  G4S Secure Solutions USA, Inc.	<u>REGION III</u>  G4S Secure Solutions USA, Inc.	<u>REGION IV</u>  G4S Secure Solutions USA, Inc.
	LIMITED ASSIGNMENT PERSONNEL				11.47	11.47	11.47	11.47
	PROBATIONARY GUARD I				11.47	11.47	11.47	11.47
	SECURITY GUARD II				11.47	11.47	11.47	11.47
	SECURITY GUARD III / SHIFT SUPERVISOR				11.47	11.47	11.47	11.47
	SERGEANT				11.47	11.47	11.47	11.47
	LIEUTENANT				11.47	11.47	11.47	11.47

### VENDOR INSTRUCTIONS:

- Please attach a brief description of job duties if different from Purchasing Division SECSVS11 specifications.
- If you have problems with employee time sheets or employee, immediately contact the appropriate vendor.
- 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: \_\_\_\_\_