

TEMPORARY SERVICES CHANGE NOTICE

Please complete this form and fax to: **WVARF at (304) 205-7915**

OR EMAIL TO: mjones@wvarf.org

TO BE COMPLETED BY STATE AGENCY

Agency Name:		Request Date:	
Contact Person:		Employee Name:	
Contact Title:		Last Day Worked:	
Contact Phone:		Shift Start Time:	
Contact Fax:		Shift End Time:	
(Required Information) State PO#: _____	(WVARF Use ONLY) WVARF PO or Tracking # _____	PLEASE NOTE: This temporary services <u>waiver</u> covers ONLY the Contract Period _____ through _____. WVARF will NOT be financially responsible for any payment(s) your agency incur for temporary worker placement(s) in this position beyond _____. Please be advised that at the end of the Contract Waiver period listed above, your agency <u>MUST</u> re-contact WVARF for a new CONTRACT or Waiver. THIS BOX TO BE COMPLETED BY WVARF ONLY.	
Job Location: County:		CRP Contact: CRP Phone Number:	

REASON FOR EMPLOYEE LEAVING POSITION

___	The temporary employee assigned to this position has resigned.
___	The State Agency is requesting a replacement worker to replace the current worker.
___	The need for this position has ended.
___	Other (Please attached additional sheet(s) if required).

State Agency Comments: (Please attach additional sheet(s) if additional space is required)

Agency Representative Signature:	Title:
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EXCEPTIONAL LABOR RESPONSE

The West Virginia Association of Rehabilitation Facilities, Inc. (WV ARF) is (able – unable) to supply # _____ temporary personnel to the above requesting agency.

WVARF Signature: _____ **Title:** _____ **Date:** _____

The individual(s) assigned to fill your position(s) will be: _____

_____ Employee(s) will begin work on _____

WVARF will bill your agency at the State hourly pay rate of \$ _____