

# SECSVS11 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>SECSVS11A Allied Barton 304.768.1064</b>
County:	<b>SECSVS11B US Security Associates 304.768.5886</b>

## AGENCY POSITION INFORMATION

Check	Job Classification	# Workers	# Hrs Per Day	# Days Per Week	REGION I ALLIED BARTON	REGION II US SECURITY ASSOCIATES	REGION III ALLIED BARTON	REGION IV ALLIED BARTON
	LIMITED ASSIGNMENT PERSONNEL				\$10.50	\$10.40	\$10.50	\$10.50
	PROBATIONARY GUARD I				\$10.50	\$10.40	\$10.50	\$10.50
	SECURITY GUARD II				\$10.50	\$10.40	\$10.50	\$10.50
	SECURITY GUARD III / SHIFT SUPERVISOR				\$10.50	\$10.40	\$10.50	\$10.50
	SERGEANT				\$10.50	\$10.40	\$10.50	\$10.50
	LIEUTENANT				\$10.50	\$10.40	\$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: \_\_\_\_\_