

# CMA SWC0000000022 (SECSVS15) 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# CMA SWC0000000022	
Job Location:		G4S Secure Solutions USA, Inc.  304-727-4608	
County:			

## AGENCY POSITION INFORMATION

Check	Job Classification	# Workers	# Hrs Per Day	# Days Per Week		<u>REGION I</u>	<u>REGION II</u>	<u>REGION III</u>	<u>REGION IV</u>
	LIMITED ASSIGNMENT PERSONNEL					13.84	13.84	13.84	13.84
	PROBATIONARY GUARD I					13.84	13.84	13.84	13.84
	SECURITY GUARD II					13.84	13.84	13.84	13.84
	SECURITY GUARD III / SHIFT SUPERVISOR					13.84	13.84	13.84	13.84
	SERGEANT					13.84	13.84	13.84	13.84
	LIEUTENANT					13.84	13.84	13.84	13.84

### 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: \_\_\_\_\_