

CMA 0212 SECSVS19A SECURITY GUARD REQUEST FORM

TO BE COMPLETED BY STATE AGENCY

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|--|---|
| 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/ADO #: | SWC# CMA 0212 SECSVS19A |
| Job Location: | Lisa Nomar, Operational Support Manager Capitol Market DC NCR, VA & WV |
| County: | Phone: 304-727-4608 Office |
| | Cell: 304-550-8747 |
| | Fax: 304-727-4198 |
| | Email: lisa.nomar@usa.q4s.com |

AGENCY POSITION INFORMATION

| Check | Job Classification | # Workers | # Hrs Per Day | # Days Per Week | | REGION I | REGION II | REGION III | REGION IV |
|-------|---------------------------------------|-----------|---------------|-----------------|--|----------|-----------|------------|-----------|
| | LIMITED ASSIGNMENT PERSONNEL | | | | | | | | |
| | PROBATIONARY GUARD I | | | | | | | | |
| | SECURITY GUARD II | | | | | | | | |
| | SECURITY GUARD III / SHIFT SUPERVISOR | | | | | | | | |
| | SERGEANT (IV) | | | | | | | | |
| | LIEUTENANT (IV) | | | | | | | | |

VENDOR INSTRUCTIONS:

- a) Please attach a brief description of job duties **if different** from Purchasing Division SECSVS19 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).

- a) _____
- b) _____
- c) _____
- d) _____
- e) _____
- f) _____

Agency Representative Signature: _____ Title: _____