

CMA 0212 SECSVS19A 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:	<div style="display: flex; justify-content: space-between; width: 100%;"> ½ hour 1-hour Paid Unpaid </div>
(Required Information) State PO/ADO #:		SWC# CMA 0212 SECSVS19A	
Job Location: County:		Travis Shannon, Field Supervisor Phone: 304-727-4608 Office Cell: 304-550-8719 Fax: 304-727-4198 Email: Travis.Shannon@aus.com	

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								
	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: _____