

# CMA 0212 SECSVS23 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	
<b>(Required Information)</b> State PO/SCO #:		SWC# CMA 0212 SECSVS23	
Job Location:			
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								
	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: \_\_\_\_\_