

TEMPORARY SERVICES CONTACT SHEET

(Please complete this form and fax to: WV ARF at (205-7915), or email to: mjones@wvarf.org)

TO BE COMPLETED BY STATE AGENCY

Agency Name:	Contract Request Date:	Contract Start Date:	Contract End Date:
Name of Contact Person:	Shift Start Time:	Shift End Time:	Lunch: (Please circle) 1-hour ½-hour
Contact Title:	<p>PLEASE NOTE: This temporary services <u>waiver</u> covers ONLY the Contract Period _____ through _____. WVARF will NOT be financially responsible for any payment(s) your agency incur for temporary worker placement(s) in this position beyond _____. Please be advised that at the end of the Contract Waiver period listed above, your agency MUST re-contact WVARF for a new CONTRACT or Waiver.</p>		
Contact Phone:			
Contact Fax:			
Contact Email:			
State PO#:			
Job Location:	Sub-contractor (CRP) Contact:		
County:	Sub-contractor (CRP) Phone:		

AGENCY POSITION INFORMATION

Check	Job Classification	# Workers	# Hrs Per Day	# Days Per Week	Check	Job Classification	# Workers	# Hrs Per Day	# Days Per Week
	Accounting Technician 2					Custodian			
	Administrative Services Assistant 1					Laborer			
	Administrative Services Assistant 2					Cook			
	Executive Secretary					Parking Attendant			
	Office Assistant 2					Groundskeeper			
	Office Assistant 3					Mail Runner			
	Word Processor					Health Service Worker			
	Data Entry Operator 2								

VENDOR INSTRUCTIONS:

- a) Please attach a brief description of job duties **if different** from Purchasing Division Temp11A written job descriptions.
- b) If you have problems with employee time sheets or employee(s), **immediately** contact the subcontractor (CRP) listed above
- c) If you need additional space for specific instructions, including dress code, background check, etc., please attach the state agency temporary worker(s) requirements form from statewide contracts on WV Purchasing Division website.

AGENCY INSTRUCTIONS: (Please use another sheet if additional space is needed).

Agency Representative Signature: _____ Title: _____

EXCEPTIONAL LABOR RESPONSE

The West Virginia Association of Rehabilitation Facilities, Inc. (WV ARF) is (able – unable) to supply # _____ temporary personnel to the above State Facility/Agency.

WVARF Signature: _____ **Title:** _____ **Date:** _____

The individual(s) assigned to fill your position(s) will be _____

Employee(s) will begin work on _____ WVARF will bill your agency at the State hourly pay rate of \$ _____

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PO Box 745
 Institute, WV 25112
 Phone: (304) 205-7970 Fax: (304) 205-7915
 www.wvarf.org

TEMPORARY EMPLOYEE PERFORMANCE EVALUATION FORM

Employee Name:	Date:
State Agency:	Period of Review:
Supervisor/Reviewer:	Title:

This information is very important when considering future assignments for our temporary workers.
 Please complete, sign, and fax this form to the WV ARF office at **(304) 205-7915**.

THANK YOU

- | | |
|----------------------------------|--------------------------------|
| 1 = Meets Expectations | 3 = Rarely Meets Expectations |
| 2 = Sometimes Meets Expectations | 4 = Has never met Expectations |

EXPECTATIONS	1	2	3	4
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notifies Agency when late or absent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Complete assignments Promptly and Correctly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quantity of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of work performed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows Policy and Rules of position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working Relations with supervisor, co-workers, and visitors (in person or telephone)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments:

Signature:	Title:
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