

TEMPORARY SERVICES CONTACT SHEET

(Please complete this form and fax to: WVARF 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 1/2-hour paid / unpaid
Contact Title:	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. THIS BOX TO BE COMPLETED BY WVARF ONLY		
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					Painter			

VENDOR INSTRUCTIONS:

- a) Please attach a brief description of job duties **if different** from Purchasing Division **TEMP 14** 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 WV Purchasing Division statewide contracts website.

AGENCY INSTRUCTIONS: (Please use additional sheets if more space is required).

Agency Representative Signature: _____ Title: _____

EXCEPTIONAL LABOR RESPONSE

The West Virginia Association of Rehabilitation Facilities, Inc. (WV ARF) is (able – unable) to supply # _____ temporary employee(s) with 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 \$ _____