

TEMPORARY SERVICES CONTACT SHEET

(Please fax a copy to WV ARF – 766-4607)

TO BE COMPLETED BY REQUESTING 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:	
Job Location:	

AGENCY POSITION INFORMATION

Check	Job Classification	Hourly Pay Rate	# of Workers Requested	# Hours Per Day	# Days Per Week
	Accounting Technician 2				
	Administrative Services Assistant 1				
	Executive Secretary				
	Health Service Worker				
	Laborer				
	Office Assistant 1				
	Office Assistant 3				
	Paralegal				
	Word Processor				
	Data Entry Operator 1				

Other Instructions (If additional space needed, please add another page).

Agency Representative Signature: _____ Title: _____

EXCEPTIONAL LABOR SOURCE RESPONSE

The West Virginia Association of Rehabilitation Facilities (WV ARF) (is – is not) able to supply temporary personnel with the above requesting agency.

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

Your assigned temporary personnel contact person will be _____ who works for _____ as a sub-contractor of WV ARF. The contact phone number is _____.

The individual's name assigned to fill your requested position will be _____. WV ARF will bill your Agency at the hourly pay rate of \$ _____.