

TEMPORARY SERVICES CHANGE NOTICE

**Please complete this form and fax immediately to:
WV ARF Sub-contractor or State Agency
(Please fax a copy to WV ARF – 766-4607)**

TO BE COMPLETED BY STATE AGENCY or WV ARF Sub-contractor

Agency Name:		Today's Date:	
Contact Person:		Date of Temp person's Last Day of Work	
Contact Phone:		Shift Start Time:	
Contact Fax:		Shift End Time:	
State PO/SCO #:		Temp Person's Name:	
Classification Title:			
Job Location:		WVARF Sub-contractor:	

REASON FOR PERSON LEAVING POSITION

- The temporary person assigned to this position has resigned
 The State Agency is requesting a different person in place of current temporary person.
 The need for this position has ended.
 Other

Comments (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 \$ _____.