

WESTAFF TEMPORARY HELP REQUISITION
Contract Number 408647 Effective 1/1/2011

Date: _____ Agency AGPS Order Number: _____

HR Director: Dr. Ronald Jackson Phone: 225-342-6060 Fax: 225-342-0019 Email: Ronald.Jackson@la.gov

Requesting Office: _____ GFS Org No.: _____

RFP Job Title: (see specifications for Temporary Services) _____

Job Description: _____

Starting Date: _____ Anticipated End Date: _____

Working Hours: Start: _____ End: _____ Work Days: _____ Overtime app: Y/N

Other Authorized Signatures: _____

Work Site Information: Immediate Supervisor: _____

Phone Number: _____ Fax: _____

Address: _____

Directions: _____

Bill to: Department/Facility: _____

Attn: _____

Address: _____

City, State, Zip Code: _____

Signature: Kristy H. Nichols _____ Commissioner _____
Title Date

Signature: Dr. Ronald Jackson _____ Human Resources Director _____
Title Date

WESTAFF OFFICE LOCATION: _____	NUMBER: _____	CUSTOMER #: _____
Pay Rate: _____	Bill Rate: _____	Job Code: _____
Employee Assigned: _____	S/S #: _____	
Employee's Phone #: _____	Results: _____	Start: _____