DEPARTMENT OF ADMINISTRATIVE SERVICES/DEPARTMENT OF MANAGEMENT

TEMPORARY STAFFING SERVICES VENDOR REQUEST

This form is to be completed for all requests for temporary staffing services. Please submit the completed form to your assigned DAS Personnel Officer. Note: If you are hiring a temporary employee on state payroll, please use the Hiring Justification form (CFN 552-0744).

Control Number (Leave Blank): _____

Section I: Requestor

County of Assignment: _____

Department: _____ Dept. #: _____

Division/Bureau/Section: _____

Requestor's Name: _____

Phone: _____ Email: _____

Section II. Type of Assignment

☐ Short-Term Temporary Assignment (not to exceed 780 hours in a fiscal year)

☐ Temporary Project Management Assignment (not to exceed 18 months in a 2-year period)

Section III. Request Details

Aureon is the only provider approved for temporary staffing services for project-based assignments of up to 18 months and the *preferred provider* for short-term assignments. If you are requesting a vendor other than Aureon for a short-term assignment, provide the reason for your request below.

Number of Placements Requested: _____

Working Title of Placements(s): _____

Approximate Hourly Wage Requested: $ _____

Total Allocated for this Request: $ _____

Is funding currently available for this placement? ☐ Yes ☐ No

Funding Source: ☐ General ☐ Federal ☐ Other

If other, specify: _____

If other than general funds, is there a general fund match? ☐ Yes ☐ No If yes, provide specifics:

Approximate savings or cost avoidance attributed to use of these services: $ _____

Start Date of Assignment: _____ Estimated Number of Months: _____

Estimated Number of Hours Per Week: _____

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Reason for Service Request:

Section IV: Scope and Duties of Work

Please describe the scope of work or project to be completed:

Section V: Agency Acknowledgement and Approval

I understand that the vendor is the employer. It is the vendor's responsibility to recruit, interview, negotiate pay, hire, investigate, discipline, or terminate the relationship. I may refer candidates to the vendor, but the vendor is not obligated to hire any referred individual that fails the vendor's screening process. I must contact the vendor to report any problems arising from this placement.

Department Director Signature: _____ **Date:** _____

This form must be submitted to your Personnel Officer in the Department of Administrative Services (DAS), who will forward to the State Chief Information Officer (CIO), if applicable, and subsequently to the Department of Management.

REVIEW AND APPROVAL

CIO Comments:

Reviewed by: _____ **Date:** _____

State Chief Information Officer
(Required only for Information Technology and related placements.)

DAS Comments:

Reviewed by: _____ **Date:** _____

DAS Representative

Approved by: _____ **Date:** _____

Director, Department of Management