TEMP07A

Blanket Open-end Contract to Provide Temporary Services to Various State Agencies and all Political Subdivisions Within West Virginia

May 1, 2009 through April 30, 2010

Contact

West Virginia Association of Rehabilitation Facilities
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Fax: 304-766-4607

WVARF Staff

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Website

www.wvarf.org
TEMP07A - Temporary Staffing Services

According to West Virginia Purchasing Division guidelines in TEMP07A, the West Virginia Association of Rehabilitation Facilities (WVARF) shall have the opportunity to supply all temporary services in all four state regions, regardless of the dollar amount. A State agency needing to fill a temporary staff position must complete the WVARF Temporary Service Contact Sheet and fax to the WVARF office. To download a copy of the form, go to the Division of Purchasing web site at http://www.state.wv.us/admin/purchase/SWC/TEMP.htm and click on the Temp07 WVARF Contact Sheet.

WVARF shall reply to the State agency within 48 hours. When WVARF is unable to supply the temporary individual, or does not respond to the agency within 48 hours, WVARF will provide the agency with an Exceptional Labor Source document signed by a WVARF representative.

For those Agencies currently using an assigned WVARF temporary staff person, and a change occurs due to the person leaving the position or the Agency desires a different person to fill the position or the need for the position has ended, please complete the WVARF Temporary Service Change Notice. To download a copy of the form go to the Division of Purchasing web site at http://www.state.wv.us/admin/purchase/SWC/TEMP.htm and click on the Temp07 WVARF Change Notice.

Temporary staffing classifications covered include:

- Accounting Technician 2
- Administrative Services Assistant 1 and 2
- Data Entry Operator 2
- Executive Secretary
- Custodian
- Groundskeeper
- Guard 1 and 2
- Laborer
- Office Assistant 2 and 3
- Word Processor
- Mail Runner
- Painter

If additional information is required from WVARF, please call 304-205-7970.
## TEMPORARY SERVICES CONTACT SHEET

(Please complete this form and fax to: WVARF – 766-4607)

TO BE COMPLETED BY STATE AGENCY

<table>
<thead>
<tr>
<th>Agency Name:</th>
<th>Request Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Person:</td>
<td>Contract Start Date:</td>
</tr>
<tr>
<td>Contact Title:</td>
<td>Contract End Date:</td>
</tr>
<tr>
<td>Contact Phone:</td>
<td>Shift Start Time:</td>
</tr>
<tr>
<td>Contact Fax:</td>
<td>Shift End Time:</td>
</tr>
<tr>
<td>Contact Email:</td>
<td>Lunch: ½ hour 1-hour Paid Unpaid</td>
</tr>
</tbody>
</table>

(Required Information) State PO/SCO #: (WVARF Use Only) WVARF PO #:

Job Location: Sub-contractor (CRP) Contact: County: Sub-contractor (CRP) Phone:

### AGENCY POSITION INFORMATION

<table>
<thead>
<tr>
<th>Check</th>
<th>Job Classification</th>
<th># Workers</th>
<th># Hrs Per Day</th>
<th># Days Per Week</th>
<th>Check</th>
<th>Job Classification</th>
<th># Workers</th>
<th># Hrs Per Day</th>
<th># Days Per Week</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Accounting Technician 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Custodian</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Administrative Services Assistant 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Laborer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Administrative Services Assistant 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Guard 1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Executive Secretary</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Guard 2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Office Assistant 2</td>
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<td></td>
<td></td>
<td></td>
<td>Groundskeeper</td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Office Assistant 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Mail Runner</td>
<td></td>
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<td></td>
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<tr>
<td></td>
<td>Word Processor</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Painter</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Data Entry Operator 2</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

### VENDOR INSTRUCTIONS:

a) Please attach a brief description of job duties if different from Purchasing Division Temp07A written job descriptions.

b) If you have problems with employee time sheets or employee, immediately contact the CRP listed above.

c) If you need additional space for specific instructions, including dress code, background check, etc., please provide in the agency instructions space below.

### AGENCY INSTRUCTIONS:

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

Agency Representative Signature: ___________________________ Title: ___________________________

### EXCEPTIONAL LABOR RESPONSE

The West Virginia Association of Rehabilitation Facilities (WVARF) is (able – unable) to supply # ________ temporary personnel with the above requesting 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 $ ____________.
TEMPORARY SERVICES CHANGE NOTICE
Please complete this form and fax to: WVARF at 766-4607

TO BE COMPLETED BY STATE AGENCY

<table>
<thead>
<tr>
<th>Agency Name:</th>
<th>Request Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Person:</td>
<td>Employee Name:</td>
</tr>
<tr>
<td>Contact Title:</td>
<td>Last Day Worked:</td>
</tr>
<tr>
<td>Contact Phone:</td>
<td>Shift Start Time:</td>
</tr>
<tr>
<td>Contact Fax:</td>
<td>Shift End Time:</td>
</tr>
<tr>
<td>(Required Information)</td>
<td>(WVARF Use Only)</td>
</tr>
<tr>
<td>State PO/SCO #:</td>
<td>WVARF PO #:</td>
</tr>
<tr>
<td>Job Location:</td>
<td>CRP Contact:</td>
</tr>
<tr>
<td></td>
<td>CRP Phone Number:</td>
</tr>
</tbody>
</table>

REASON FOR EMPLOYEE LEAVING POSITION

- ___ The temporary employee assigned to this position has resigned.
- ___ The State Agency is requesting a different person in place of current temporary employee.
- ___ The need for this position has ended.
- ___ Reached 1,000 hours.
- ___ Other (See comments below)

Comments (If additional space is needed, please attach another page).

Agency Representative Signature: ___________________________ Title: ___________________________ Date: ___________________________

EXCEPTIONAL LABOR RESPONSE

The West Virginia Association of Rehabilitation Facilities (WVARF) is (able – unable) to supply _______ temporary personnel with the above requesting 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 $ ________________.