

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
P.O. Box 745
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WVARF Staff

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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

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:		Lunch:	½ hour 1-hour Paid Unpaid
(Required Information) State PO/SCO #:		(WVARF Use Only) WVARF PO #:	
Job Location:		Sub-contractor (CRP) Contact:	
		Sub-contractor (CRP) Phone:	
County:			

AGENCY POSITION INFORMATION

Check	Job Classification	# Workers	# Hrs Per Day	# Days Per Week	Check	Job Classification	# Workers	# Hrs Per Day	# Days Per Week
	Accounting Technician 2					Custodian			
	Administrative Services Assistant 1					Laborer			
	Administrative Services Assistant 2					Guard 1			
	Executive Secretary					Guard 2			
	Office Assistant 2					Groundskeeper			
	Office Assistant 3					Mail Runner			
	Word Processor					Painter			
	Data Entry Operator 2								

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

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

REASON FOR EMPLOYEE LEAVING POSITION

<input type="checkbox"/> The temporary employee assigned to this position has resigned. <input type="checkbox"/> The State Agency is requesting a different person in place of current temporary employee. <input type="checkbox"/> The need for this position has ended. <input type="checkbox"/> Reached 1,000 hours. <input type="checkbox"/> Other (See comments below)		
Comments (If additional space is needed, please attach another page).		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Agency Representative Signature:</td> <td>Title:</td> </tr> </table>	Agency Representative Signature:	Title:
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 \$ _____.

