

## REQUEST FOR TEMPORARY EMPLOYMENT SERVICES

INSTRUCTIONS: Complete and submit to Contract Services Division, Purchasing Section.

BUREAU/DIVISION/REGION/OFFICE		DATE
NAME OF TEMPORARY SERVICES VENDOR		MASTER AGREEMENT NUMBER
JOB CLASSIFICATION	DATE(S) OF SERVICE From _____ To _____	
MDOT CONTACT ( <i>Name, Phone Number, E-mail Address</i> )		TEMPORARY WEEK HOURS
NAME OF TEMPORARY EMPLOYEE		PHONE NUMBER OF TEMPORARY EMPLOYEE
LOCATION THAT TEMPORARY EMPLOYEE IS TO REPORT TO		
JUSTIFICATION/REASON FOR NEED (If extending service, provide DO number associated in the section below)		
JOB DUTIES AND NECESSARY SKILLS (Include any necessary skills, i.e., Microsoft Word, Excel, etc. Provide attachment if needed)		
BILL RATE PER HOUR	PAY RATE PER HOUR	TOTAL BUDGET FOR THIS SERVICES

### SIGNATURES REQUIRED

SUBMITTER	DATE
BUREAU DIRECTOR/REGION ENGINEER	DATE