

STATE OF DELAWARE
Office of Management and Budget
Government Support Services

Exhibit 2 – Agency Request for Placement Form

**Agency Request for Placement
From the
Temporary Employment Services’ Contract
GSS25112-TEMP_EMPL**

The requesting Agency personnel should review the contract for all relevant details prior to submitting a request. **NOTE:** SET-ASIDE positions may not be filled by any other provider other than Ability Network of Delaware unless a waiver is granted by A.N.D.

Agency requests for temporary employees need only identify the job title to be filled. Additional job descriptions provided by an Agency at the time of request shall not be utilized.

Vendors **are only permitted** to fill those positions for which they have been awarded. Awarded vendors are not authorized to fill positions they have not been awarded nor positions not on the contract.

Temporary Employee Need	
Job Title Required (from contract list)	
Hours (i.e. 8:00-4:00)	
Location	
Anticipated Start Date	
Anticipated End Date	
Pay (to temp) Range*	
Security Clearance Requirements	

**Pay Range: Final rate cannot exceed maximum pay rate identified in the current pricing addendum for the position and placing vendor.*

Supervisor Information	
Name	
Phone	
Department / Division / Section	
Email	
Title	

Additional Information	
Agency Billing Information	
Do you wish to conduct interviews?	
If yes, how many applications do you wish to see?	
Will this position require the placed employee to operate a State vehicle?	
Equipment to be used	
Job related attire	