

**TEXAS A&M UNIVERSITY
DEPARTMENT OF PROCUREMENT SERVICES**

PRIMARY VENDOR

TEMPORARY SERVICES FOR CATEGORY 1 CLERICAL

M100451

VENDOR ID #: 18409096808
VENDOR: EXPRESS EMPLOYMENT PROFESSIONALS
CONTACT: ELIZABETH RAMPMEIER
PHONE: 979-776-4455 **FAX:** 979-776-4722

Services Required for the Following Dates:

Beginning Date: _____ **through Ending Date:** _____

Starting Time: _____ **through estimated Ending Time:** _____

CLERICAL SUPPORT	STANDARD BILLING RATE/HOUR	OVERTIME BILLING RATE/HOUR	NUMBER OF PERSONNEL	ESTIMATED HOURS
SECRETARY	\$ 12.49	\$ 18.74		
SENIOR SECRETARY	\$ 13.80	\$ 20.71		
ADMINISTRATIVE SECRETARY	\$ 14.75	\$ 22.14		
EXECUTIVE SECRETARY	\$ 17.42	\$ 26.15		
TECHNICAL SECRETARY	\$ 14.75	\$ 22.14		
CLERK I	\$ 11.29	\$ 16.94		
CLERK II	\$ 12.08	\$ 18.12		
CLERK III	\$ 12.91	\$ 19.37		
RECEPTIONIST I	\$ 11.67	\$ 17.52		
OFFICE ASSISTANT	\$ 11.67	\$ 17.52		
SENIOR OFFICE ASSISTANT	\$ 13.36	\$ 20.04		
LEAD OFFICE ASSISTANT	\$ 14.27	\$ 21.40		
OFFICE ASSOCIATE	\$ 15.25	\$ 22.89		
SENIOR OFFICE ASSOCIATE	\$ 16.84	\$ 25.27		
LEAD OFFICE ASSOCIATE	\$ 18.02	\$ 27.03		
CUSTOMER SERVICE ASSISTANT	\$ 11.67	\$ 17.52		
SENIOR CUSTOMER SERVICE ASST.	\$ 14.27	\$ 21.40		
CUSTOMER SERVICE ASSOCIATE	\$ 15.25	\$ 22.89		
BUSINESS ASSISTANT I	\$ 12.08	\$ 18.12		
BUSINESS ASSISTANT II	\$ 12.91	\$ 19.37		
BUSINESS ASSISTANT III	\$ 13.80	\$ 20.71		
BUSINESS ASSOCIATE I	\$ 14.75	\$ 22.14		
BUSINESS ASSOCIATE II	\$ 15.77	\$ 23.65		
BUSINESS ASSOCIATE III	\$ 16.84	\$ 25.27		
STAFF ASSISTANT	\$ 15.25	\$ 22.89		

State law requires that you be informed of the following: (1) you are entitled to request to be informed about the information about yourself collected by use of this form (with a few exceptions as provided by law); (2) you are entitled to receive and review that information; and (3) you are entitled to have the information corrected at no charge to you.

TEXAS A&M DEPARTMENT INFORMATION

CONFIRM TO: _____	DEPARTMENT NAME: _____
PHONE: _____ FAX: _____	BILLING ADDRESS: _____
LOCATION OF EMPLOYMENT:	_____
BUILDING: _____	ACCOUNTING INFORMATION:
_____	PRO CARD # TO BE PHONED IN, NOT FAXED:
ROOM NO. _____	_____
SUPERVISOR'S NAME: _____	LIMITED P.O. # _____
	REQUISITION NUMBER _____
	AUTHORIZED BY: _____

CONFIRMATION-OF-TEMPORARY ASSIGNED: YES / NO (Circle One)

VENDOR'S AUTHORIZED SIGNATURE DATE

State law requires that you be informed of the following: (1) you are entitled to request to be informed about the information about yourself collected by use of this form (with a few exceptions as provided by law); (2) you are entitled to receive and review that information; and (3) you are entitled to have the information corrected at no charge to you.