

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

SECONDARY VENDOR

TEMPORARY SERVICES FOR CATEGORY 1 CLERICAL

M100453

VENDOR ID #: 18702955030
VENDOR: SOS STAFFING SERVICES INC
CONTACT: ROXANNE SAUSEDA
PHONE: 979-260-9190 **FAX:** 979-260-9160

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	\$ 12.53	\$ 18.80		
SENIOR SECRETARY	\$ 13.85	\$ 20.78		
ADMINISTRATIVE SECRETARY	\$ 14.80	\$ 22.20		
EXECUTIVE SECRETARY	\$ 17.48	\$ 26.22		
TECHNICAL SECRETARY	\$ 14.80	\$ 22.20		
CLERK I	\$ 11.33	\$ 16.99		
CLERK II	\$ 12.12	\$ 18.18		
CLERK III	\$ 12.95	\$ 19.43		
RECEPTIONIST I	\$ 11.71	\$ 17.57		
OFFICE ASSISTANT	\$ 11.71	\$ 17.57		
SENIOR OFFICE ASSISTANT	\$ 13.40	\$ 20.10		
LEAD OFFICE ASSISTANT	\$ 14.31	\$ 21.46		
OFFICE ASSOCIATE	\$ 15.30	\$ 22.95		
SENIOR OFFICE ASSOCIATE	\$ 16.90	\$ 25.34		
LEAD OFFICE ASSOCIATE	\$ 18.07	\$ 27.11		
CUSTOMER SERVICE ASSISTANT	\$ 11.71	\$ 17.57		
SENIOR CUSTOMER SERVICE ASST.	\$ 14.31	\$ 21.46		
CUSTOMER SERVICE ASSOCIATE	\$ 15.30	\$ 22.95		
BUSINESS ASSISTANT I	\$ 12.12	\$ 18.18		
BUSINESS ASSISTANT II	\$ 12.95	\$ 19.43		
BUSINESS ASSISTANT III	\$ 13.85	\$ 20.78		
BUSINESS ASSOCIATE I	\$ 14.80	\$ 22.20		
BUSINESS ASSOCIATE II	\$ 15.81	\$ 23.72		
BUSINESS ASSOCIATE III	\$ 16.90	\$ 25.34		
STAFF ASSISTANT	\$ 15.30	\$ 22.95		

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

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