

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

SECONDARY VENDOR

TEMPORARY SERVICES FOR CATEGORY 3 TECHNICAL

M100457

VENDOR ID #: 12635912090
VENDOR: SPHERION STAFFING
CONTACT: KATHERINE KLEEMANN
PHONE: 979-846-7833 **FAX:** 979-268-2059

Services Required for the Following Dates:

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

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

ACCOUNTING SUPPORT	STANDARD BILLING RATE/HOUR	OVERTIME BILLING RATE/HOUR	NUMBER OF PERSONNEL	ESTIMATED HOURS
LABORATORY ATTENDANT I	\$12.00	\$18.00		
LABORATORY ATTENDANT II	\$13.73	\$20.60		
TECHNICAL ASSISTANT I	\$12.84	\$19.26		
TECHNICAL ASSISTANT II	\$14.66	\$21.99		
TECHNICIAN I	\$17.31	\$25.97		
TECHNICIAN II	\$19.80	\$29.70		

TEXAS A&M DEPARTMENT INFORMATION

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