



A Human Resource Management Company

Phone 541-928-4130

Fax 541-967-8214

# LBCC Agency Employee Job Order

### Order Information

Date	Customer Number	LBCC Approval	# of Employees Needed
		<input type="checkbox"/> Employee/Agency Personnel Status Evaluation Completed	

### LBCC Information

<b>LBCC Department:</b>	<b>Site Address:</b> (if different than department address)	<b>Phone No.</b>
<b>Street/Site:</b>	<b>Contact:</b>	<b>Mobile:</b>
<b>City:</b> <b>State:</b> <b>Zip:</b>	<b>Report To :</b>	<b>Fax No.</b>

<b>ADDRESS TO MAIL INVOICE TO:</b>	
<b>LBCC Department:</b>	<b>City:</b>
<b>Attention:</b>	<b>State:</b>
<b>Address:</b>	<b>Zip:</b>

### Assignment Information

Projected Start Date	Interview Times	Direct Placement	Length of Assignment *
			<input type="checkbox"/> Limited <input type="checkbox"/> Extended <input type="checkbox"/> Part-time

Limited: Employee performing project-based work with an expected duration of 6 months or less, or in areas with customarily high turnover

Extended: Employee performing project-based work with an expected duration of 6 to 12 months

Part-time: Employee performing work with an expected duration of a year or more

<b>Job Title:</b>	<input type="checkbox"/> Position classified by HR
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<b>Job Duties:</b>
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BELOW TO BE COMPLETED BY BBSI & LBCC HR

HR Signature \_\_\_\_\_

	Last	First	Phone No.	Pay Rate	Grade	Step	Start Date
1				\$			
2				\$			
3				\$			
4				\$			