

LBCC Agency Employee Job Order

Order Information

Date	Customer Number	LBCC Approval	# of Employees Needed
		<input type="checkbox"/> Noncontracted LBCC Employee/Temporary Agency Employee Determination Form Completed	

LBCC Information

LBCC Department: Street Address: City: State: Zip:	Site Address: (if different than department address) Contact Name: Report To :	Contact Phone No. Mobile: Fax No.
MAIL INVOICE TO: LBCC Department: Attention: Street Address:	City: State: Zip:	

Assignment Information

Projected Start Date	Interview Times	Name of 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

Job Title: _____ <input type="checkbox"/> Position classified by HR
Job Duties: <i>(Attach LBCC job description.)</i>

BELOW TO BE COMPLETED BY BBSI & LBCC HR

HR Signature _____

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