

SER-CASU

DATE _____

CASU ONLY

CASU PROJECT NO. _____

REQUEST FOR HUMAN RESOURCE SERVICES

AGENCY NAME:

ADDRESS:

POINT OF CONTACT:

TELEPHONE:

FAX:

AGENCY APPROVAL: _____ DATE _____
signature

SOW/RFQ - DESCRIPTION OF WORK REQUESTED

TASK/JOB TITLE (Include Comparable GS
Series/grade)

Location of Work: (Address/ Building #, etc)

TASK Information (Estimated):

Special Requirements:

Start Date (MM/DD/YY):

Contractor ID Cards:

Finish Date (MM/DD/YY):

Vehicle Pass:

Work Hours: (Begin-End)

Security Clearance(Level):

Supervisor Name:

Safety Clothing/Equipment:

Supervisor Tel:

Special Skills:

Other:

ADDITIONAL WORK DESCRIPTION: (BE AS DETAILED AS NECESSARY - ATTACH JOB DESCRIPTION)

FAX COMPLETED FORM TO CASU AT: (850) 265-3436 or (909) 861-0032

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JOB ORDER CONTRACT ESTIMATE

CASU PROJECT NO.

AGENCY NAME:

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TELEPHONE:

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JOB ORDER CONTRACT ESTIMATE

(Inclusive of all Surcharge/Administrative fees)

DATE:

ESTIMATED COST PER HOUR: \$

ESTIMATED TOTAL COST OF PROJECT: \$

CONTRACTOR NAME:

CONTRACTOR REPRESENTATIVE (POC):

CONTRACTOR TELEPHONE #

****CASU ONLY****

DATA

DATE WORK STARTED: _____

DATE WORK COMPLETED: _____

PROGRESS BILLINGS RECEIVED: A. _____

(Date -Amount) B. _____

C. _____

D. _____

E. _____

F. _____

INTERNAL AUDIT/VARIANCE REVIEW NOTES::

