

Assignment / Job Order Outline

CUSTOMER INFORMATION	
Date of Request:	Requester:
Customer:	
Location:	

ASSIGNMENT INFORMATION			
Use of this form:	<input type="checkbox"/> Service Agreement	<input type="checkbox"/> Job Order	<input type="checkbox"/> Return-to-Work
# of Openings			
Job Title:			
Job Description and Duties:			
Req. Skills:			
Req. Education:			
Req. Apparel:			
Req. Lifting / Weight:			
Req. Heights / Climbing:			
Operating Equipment:			
Travel % & Location:			
Hazards / Exposures:			
Projected Start Date:			
Length of Assignment:	Est. Length:	Start Date:	End Date:
Work Schedule:	Shift:	Start Time:	Break: End Time:
Compensation:	Reg. Pay Rate:	OT Pay Rate:	Salary Pay:
Billing:	Reg. Bill Rate:	OT Bill Rate:	Salary Bill:
Exempt / Non-Exempt:			
Benefits:	Holiday Pay:	Vacation Pay:	
Report To:			
Workers Compensation:	Customers Governing Class:	ASI Comp Classification:	
Additional Notes:			

CUSTOMER ACKNOWLEDGEMENT	
By signing below you acknowledge that the information provided above is accurate to the best of your knowledge.	
Signature & Title:	Date:

EMPLOYEE ACKNOWLEDGEMENT	
Please read the complete ASSIGNMENT INFORMATION before signing this form. By signing below you acknowledge that you have reviewed and agree that you are capable of handling this assignment as outlined above.	
Signature:	Date:

OFFICE USE ONLY - TRACKING CHART			