



FORM: STATEMENT OF WORK (DIRECT HIRE)

This form should be used for the acquisition of direct hire personnel found through an [approved staffing agency](#).

This form is not intended for acquisition of agency temps, staff augmentation or SOW project-based deliverables by independent contractors/consultants.

Section A – To be completed by Department			
PLACEMENT ACCEPTED BY			
Hosting Department, School or Unit:		Vendor:	
Hiring Manager:		Vendor Representative:	
Title:		Title:	
Address:		Address:	
Email:		Email:	
Phone:		Phone:	
PROJECT			
Name of Position:			
Role and Responsibilities: <i>[Insert detailed project/job description of the essential roles and responsibilities for the position.]</i>			
Requirements and Credentials: <i>[Insert experience, education and credential requirements for position.]</i>			
CONTRACT SUM/PAYMENT SCHEDULE			
Annual Salary of Assigned Employee:			
Placement Fee:			
Name of Assigned Employee:			
SOW TIME / COMPLETION DATE			
Date Recruitment Began: <i>[Insert date search for placement began.]</i>			
Date of Hire:			
Termination Date: <i>[If applicable, insert end date for project/services specified above.]</i>			
Section B – To be completed by Sourcing & Procurement			
MSA Effective Date:		MSA Termination Date:	
Form Submitted By:		Date:	
Buyer:		Date:	