## EXHIBIT H FORM C SAMPLE WORK ORDER TEMPLATE

JUDICIAL BRANCH ENTITY:\_\_\_\_\_

| TEMPORARY AGENCY STAFF WORK ORDER  |                         |                           |          |                 |  |  |
|--|-------------------------|---------------------------|----------|-----------------|--|--|
| New Work Order   | Extension *             |                           |          |                 |  |  |
| * If Extension, how many month:<br>* Previous Work Order #   | s has temp been at JBE? |                           |          |                 |  |  |
| REQUEST DATE   |                         |                           |          | HIRING MGR      |  |  |
| OFFICE/UNIT CODE   |                         |                           |          | REPORTS TO      |  |  |
| CONTACT PERSON   |                         |                           |          | PHONE NO        |  |  |
| PHONE NO   |                         |                           |          |                 |  |  |
| A - Position Funding Source  |                         |                           |          |                 |  |  |
| Purchase Order   |                         | count Code to be Invoiced |          | Associated PO # |  |  |
| Office's Own Budget  |                         | count Code to be Invoiced |          | -               |  |  |
| Other  | Ac                      | count Code to be Invoiced |          | -               |  |  |
| B - Position Information  Classification:  |                         |                           | Location |                 |  |  |
| Hourly Billing Rate to JBE:  |                         |                           |          |                 |  |  |
| Will this back-fill a permane  | ent position?           | <del>-</del>              |          |                 |  |  |
| Work Schedule  | Full Time               | Hrs/Week                  |          |                 |  |  |
|  | OR<br>Part Time         | Hrs/Week                  |          |                 |  |  |
| Start Date:  |                         |                           |          |                 |  |  |
| End Date:  |                         | -<br>-                    |          |                 |  |  |
|  | Total Assignment Hrs    |                           |          |                 |  |  |
| Background Check Expense   |                         |                           |          |                 |  |  |
| C - Total Costs  |                         |                           |          |                 |  |  |
| Total Assignment Costs \$0.00  |                         |                           |          |                 |  |  |
| D - Justification for Temporary Staff: (If extension, include explanation why work assignment could not be completed within original term).  |                         |                           |          |                 |  |  |
|  |                         |                           |          |                 |  |  |
|  |                         |                           |          |                 |  |  |
|  |                         |                           |          |                 |  |  |
|  |                         |                           |          |                 |  |  |
|  |                         |                           |          |                 |  |  |
| E - Consequences if temporary staff request not granted:   |                         |                           |          |                 |  |  |
|  |                         |                           |          |                 |  |  |
|  |                         |                           |          |                 |  |  |
|  |                         |                           |          |                 |  |  |
|  |                         |                           |          |                 |  |  |
| F - Approvals  |                         |                           |          |                 |  |  |
| Please provide email approvals. Approvals certify that the above requested action has been evaluated and that the needs described above cannot be met in any other manner than by hiring temporary agency staff.   |                         |                           |          |                 |  |  |
| Approvals required from <u>both</u> the Hiring Manager/Unit Manager and the Division Director. Please forward completed work order with electronic approvals (emails from Hiring Manager and Office Director stating "approved") by email to the Temporary Agency Program Manager. |                         |                           |          |                 |  |  |
|  |                         |                           |          |                 |  |  |

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| TEMPORARY AGENCY STAFF WORK ORDER                       |  |                                      |  |  |  |  |
|---|--|--------------------------------------|--|--|--|--|
| G- Position Duties and Responsibilities                 |  |                                      |  |  |  |  |
| 9- FOSITION DUTIES and Responsibilities                 |  |                                      |  |  |  |  |
| H - Required Skills, Licenses, Certifications and Educa | ation (Include Preferred Skills in parentheses): |                                      |  |  |  |  |
|   |  |                                      |  |  |  |  |
| H - Temporary Agency Confirmation (note: confirmation   | on may be in the form of an email)               |                                      |  |  |  |  |
|   |  | Temporary Agency Representative/Date |  |  |  |  |
| I - HR USE ONLY   |  |                                      |  |  |  |  |
| Work Order # Date Received                              | Hire Name Start Date                             |                                      |  |  |  |  |
|   |  |                                      |  |  |  |  |