

## REQUESTING OFFICE CERTIFICATION - TEMPORARY CLERICAL SERVICES CONTRACT

INSTRUCTIONS: Refer to NRLINST 12316.1 for assistance in completing this form.

<p>1a. EMPLOYEE ABSENCE DUE TO PERSONAL NEED:</p> <p style="margin-left: 20px;">Emergency                      Accident</p> <p style="margin-left: 20px;">Illness                              Family responsibilities</p> <p style="margin-left: 20px;">Jury duty</p>	<p>1b. ORGANIZATION HAS A CRITICAL NEED TO CARRY OUT WORK THAT CANNOT BE DELAYED, SUCH AS:</p> <p style="margin-left: 40px;">Emergency</p> <p style="margin-left: 40px;">Special project</p> <p style="margin-left: 40px;">Peak workload</p>	<p>1c. COR ASSIGNS TASK ORDER NUMBER:</p> <hr/> <p>1d.</p> <p style="margin-left: 40px;">New task</p> <p style="margin-left: 40px;">  Extended task</p>
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1e. EXPLAIN REASON LISTED IN 1a OR 1b.

2. STARTING DATE/ENDING DATE *(Please show days and/or hours needed if work is other than continuous full-time.)*

3. MARK CATEGORIES OF WORK TO BE PERFORMED. *(More than one category may be marked):*

- |         |                   |                   |                        |                  |                                       |
|---------|-------------------|-------------------|------------------------|------------------|---------------------------------------|
| Typing  | Word Processing   | Secretarial       | Mail or File Clerk     | Data Entry Clerk | <input type="checkbox"/> Receptionist |
| Logging | Messenger Service | Matching Invoices | Other, describe, _____ |                  |                                       |

<p>4a. LIST ANY SPECIFIC KNOWLEDGE, SKILLS, AND ABILITIES REQUIRED TO PERFORM THE JOB:</p>	<p>4b. IS PUBLIC CONTACT REQUIRED?</p> <p style="text-align: center;">Yes                      No</p>
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5. DESCRIBE EQUIPMENT THAT WILL BE USED. *(List make and model of computer, word processor, printer, typewriter, etc.):*

6. IS KNOWLEDGE OF A SPECIFIC PC SOFTWARE PROGRAM(S) REQUIRED?

No                      Yes, provide name(s) or brief description: \_\_\_\_\_

\_\_\_\_\_

7. MARK THE ITEM BELOW THAT BEST DESCRIBES THE WORK ENVIRONMENT:

- |                                   |                        |             |                  |           |
|-----------------------------------|------------------------|-------------|------------------|-----------|
| General Office                    | Front Office           | Typing Pool | Information Desk | Warehouse |
| <input type="checkbox"/> Mailroom | Other, describe: _____ |             |                  |           |

8. MARK ANY OF THE FOLLOWING ACTIVITIES THAT ARE REQUIRED IN PERFORMING THE DUTIES OF THIS JOB:

- |         |         |         |          |
|---------|---------|---------|----------|
| Walking | Bending | Lifting | Standing |
|---------|---------|---------|----------|

9. LIST ANY OTHER SPECIAL CONDITIONS OF THE WORK (Include security clearance):

10a. LOCATION (Building/Room):	10b. ENTRY PROCEDURE IN SECURE BUILDING?	10c. HOURS OF WORK: AM to PM	10d. LUNCH HOUR:
11a. NAME (Person to report to):			11b. CODE:
11c. EMAIL ADDRESS:			11d. PHONE NUMBER:

12. I CERTIFY THAT NO EMPLOYEE CAN BE REASSIGNED OR DETAILED TO THIS WORK WITHOUT CAUSING UNDUE DELAY IN HIS/HER REGULAR WORK.

SIGNATURE (Of Requester)	DATE	CODE
NAME (Please Type or Print)	TITLE	

SIGNATURE (Of Branch Head or Above)	DATE	CODE
NAME (Please Type or Print)	TITLE	

**JOB ORDER NUMBER (JON) AUTHORIZATION**

CODE	LENGTH OF TIME REQUIRED	JOB ORDER NUMBER	EST COST
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INDICATE CATEGORY OF SERVICE REQUIRED (Refer to Enclosure (1) of NRLINST 12316.1)

Key Entry Operator

Secretary II

Secretary III

Secretary IV

Typist

Stenographer

File Clerk

AUTHORIZED SIGNATURE	DATE	CODE
PRINTED OR TYPED NAME	JOB TITLE	

REMARKS

**REVIEW**

NAME (Code 1850)	TITLE	DATE
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