Revised 5/8/07

FCCJ/Aerotek
#2003-74 — Contingent Workforce Service Contract
Personnel Request Order

Personnel Request Order Title: _____

Purchase Order #: _____

FCCJ Campus/Center: _____ Department Name:_____

FCCJ Point of Contact Name: _____

Contact Phone Number (904)_____ Fax No. (904) _____

Contact email address: _____ @fcci.edu

Position title to be filled? _____Job description attached? Yes____ No ___

Number of positions?_____ Est. Duration of assignment/project? _____

Name of contingent worker(s) (it known) _____ _____

Desired effective date? ____/____/____ Proposed starting salary $_____ /hr $_____ /year

Orion BPO Dept. Requisition No._____

ORION Budget No/GLC to fund Position(s) _____ _____

STD Aerotek employee (medical/vision/dental) benefits (paid for by FCCJ?) Yes_____ No _____

*Any request for benefits beyond Aerotek's standard benefits requires the approval of VP of HR.

Use hourly time cards? Yes _____ No _____

Treat as a salaried position without time cards? Yes _____ No _____

Contingent worker position will require travel? Yes _____ No _____

_____ _____ _____/_____/____
Requestor Name Signature Date

_____ _____ _____/_____/____
Supervisor Name Signature Date

_____ _____ _____/_____/____
Campus President/VP Name Signature Date

_____ _____ _____/_____/____
*Dr. Christine Arab/VP-HR Signature Date

Once completed and all signatures obtained, fax to Brian Quinn/Angie Clyne, Aerotek, 904-527-5590, Christine Arab, 904-632-3329, and Larry Snell at 904-632-3087.