



Job Order Request Form

Please email (temporary.solutions@nc.gov) or fax (919) 715-4020

Date of Job Order:		FYI... Job Orders can only be up to 11 months	
Agency/Division:			
Billing contact for agency:		Phone #:	
Email address:		Fax #:	
HR Contact:		Phone #:	
Email address:		Fax #:	
Supervisor:		Phone #:	
Email address:		Fax #:	
Address to report to:			
Will temporary employee receive email account? () Yes () No			
Start Date:	End Date:	Work Hours	FT or PT
Job Title:	Pay Grade:	Hourly Rate:	Billing Rate:
If applicable Name:		Contact Information:	
Job description:			

For Temporary Solutions office use only

JO#:	
Employee's Name	Phone #:
Start Date:	
Notes:	