



The University of Georgia

Temporary Agency Staffing Authorization

Procurement Department

Attachment B to Agency Contract for Temporary Personnel Services

To:

Agency name

[View a list of vendor addresses and fax numbers](#)

You were contacted by UGA employee _____
to fulfill a temporary staffing need at the University under the terms and conditions of the contract executed by your
company and the University of Georgia.

Your company provided a list of qualified personnel and hourly rates. UGA has selected the below listed individual to
fill the position at the hourly rate shown.

Name of person selected _____ Hourly rate \$ _____

The individual will be required to fulfill the position starting _____ through _____
ending date*

* Employment duration may be shorter than listed. Longer employment may be negotiated at the hourly rate specified above.

Please have the individual report to: Building _____

Room _____

Date _____

Time _____

Supervisor name _____

UGA requestor printed name _____ Title _____

UGA requestor department _____ Phone _____

UGA requestor signature _____ Date _____

Departmental fax number _____

Mail **original** invoice to: _____
Complete UGA mailing address

Agencies: Complete this section and fax to the number listed above.

Contractor hereby agrees to provide services as specified above and in accordance with the terms and
conditions of the contract executed between Contractor and the University of Georgia.

Contractor representative printed name _____

Title _____

Contractor representative signature _____ Date _____

✓ UGA supervisors:

Complete the top portion of this form and mail or fax to the selected temporary staffing agency. Contact Procurement (706-542-7066) if you have
questions about this form or process.

Maintain this original document in your department. Attach a copy of this document to each check request authorizing payment for this temporary staff
member.