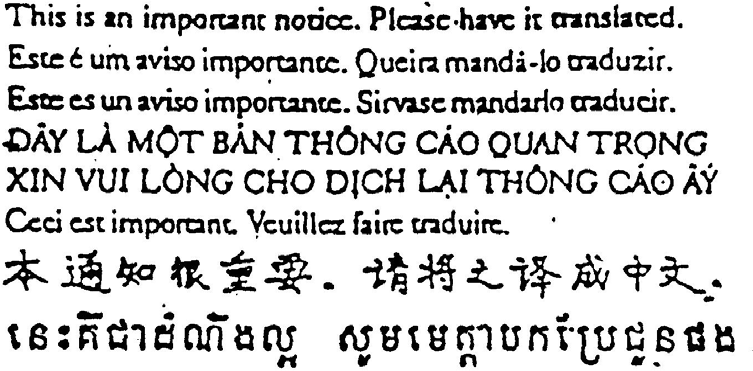
**Agency name, address, phone number**



RelyAble Source Workforce Solutions

Job Order

Method of delivery: □ U.S. Mail to home address □ In-person □ Electronically to:

Date delivered:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Business** | | | | | | | | **Business address** | | | | | | | | |
|  | | | | | | | |  | | | | | | | | |
| **Business phone number** | | | | | **Company email address** | | | | | | **Number of hires** | | | **Start date** | | |
|  | | | | |  | | | | | |  | | |  | | |
| **Job tile** | | | | | | | **Remote/Hybrid/On Site** | | | | | | | **Number of hires needed?** | | |
|  | | | | | | |  | | | | | | |  | | |
| **Name of contact** | | | | **Contact phone number** | | | | | | **Contact email address** | | | **Company website** | | | |
|  | | | |  | | | | | |  | | |  | | | |
| **Description and nature of assignment** | | | | | | | | | | **Will training be provided for particular job tasks required by the job.**  **If so, provide details** | | | | | | |
|  | | | | | | | | | | □ No □ Yes, Specify: | | | | | | |
|  | | | | | | |
| **Start date of the work, assignment, or engagement** | | | **Expected duration of the work, assignment, or engagement** | | | | | | **Start time** | | | **Anticipated End time** | | | **Anticipated overtime** | |
|  | | |  | | | | | |  | | |  | | |  | |
|  | | | | | **Description** | | | | | | | | **Total fee/charge amount** | | **Paid** | **Receipt provided** |
| Special attire, accessories, tools, protective equipment safety equipment | | | | |  | | | | | | | |  | |  |  |
| Meals provided by agency or worksite employer | | | | |  | | | | | | | |  | |  |  |
| Transportation provided by agency or worksite employer | | | | |  | | | | | | | |  | |  |  |
| Other (Specify) | | | | |  | | | | | | | |  | |  |  |
|  | | | | | | | | | | | | | | | | |
| **Rate of compensation or wages to be paid** | | **Designated pay day** | | | | **Employers are required by law to provide workers’ compensation (WC) insurance coverage for all their employees. List WC carrier name, address, & phone number below** | | | | | | | | | | |
| $ |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |