

**Attention
Lee Curphey**

MOSAIC

YOUR FLEXIBLE WORKFORCE
Ph: 9271 6300
Fax: (03) 9574 7258

Date: / /

Ordering Details: *(Please place details of person ordering here)*

Name:

Phone: Fax

Job Specific Details: *(Please place job details here)*

Person to Report to:

Campus: Department/School:

Placement Requirements: *(Work to be performed)*

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Qualifications/Experience Required:

.....

..... Start Date: / /

Number of Placements Required: Start Time:

Anticipated Length of Assignment: Charge rate (inclusive of all costs)

Skilled Preferred Placement Required: Yes No

If Yes, please give name(s):

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Invoice/Account Details:

(This Section must be completed With the Appropriate Finance 1 Code)

___ ___ / ___ ___ ___ ___ / ___ ___ ___ ___ / 7030 (Casual agency staff)

Authorisation Details: *(Please place details of Authorising Work Unit Manager here)*

Name: Signature:

E-mail Address:

SKILLED OFFICE USE ONLY

Name(s) of Placement(s)

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Rate Quoted – Charge: \$..... Pay: \$.....

Client Notified: Yes No Method:

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