

## Services Request Form

### SECTION I – GENERAL INFORMATION

Agency Name: \_\_\_\_\_

Division/Administration/Office: \_\_\_\_\_

Address: \_\_\_\_\_  
Street [include Room/Suite #] City Zip Code

Address: \_\_\_\_\_  
[Fellow will be located]: Street [include Room/Suite #] City Zip Code

*Please provide a brief description of the agency's mission and goals, as well as the work of the specific department/office to which the Fellow would be assigned.*

### SECTION II – POINT(S) OF CONTACT

*NOTE: It is strongly recommended that the participant have only one supervisor. However, if the participant will be supervised by more than one person, please include the contact information for each person.*

Supervisor Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

#### Contact Person for HR Related Matters

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

### SECTION III – REQUEST TYPE

1.  New / Initial Request – or –  Extension / Continuation Request

### SECTION IV – POSITION TITLE

\_\_\_\_\_  
 (List Temporary Position Title Here)

**SECTION V – ASSIGNMENT TYPE**

- Short Term/ Special Project Only
- Existing Departmental Need
- Newly created departmental position

**SECTION VI – RETENTION**

Is there an available Full Time Employee (FTE) position available to be used to retain participant by the end of the 6 month term?

Yes – or –  No

**SECTION VII – DESIRED SKILL LEVEL / TYPE OF WORK**

- Entry Level Clerical ( i.e. Receptionist / Office Assistant)
- Entry Level Administrative Assistant
- Other \_\_\_\_\_

Please provide description of duties, skills (i.e. software, office machines, data entry, typing requirement, experience, etc.) to be performed by Fellow:

[an electronic version of this section can be submitted to [cld@dc.gov](mailto:cld@dc.gov)]

**Section VIII – Agency Director’s Approval**

\_\_\_\_\_  
Printed Name and Title of Person Submitting this Proposal

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Director’s Signature

\_\_\_\_\_  
Date