CUATPS2019 SERVICE REQUEST FORM

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| --- | --- |
| ***Notes to Customers:*** | |
| **Approvals:** | *Please ensure that your procurement has been properly authorised before proceeding with a new engagement or an extension*. |
| **Pricing:** | * *See the* [**Buyers Guide**](https://www.wa.gov.au/government/cuas/temporary-personnel-services-cuatps2019) *(Hourly rate) for an example of how Part B of this form should be completed.* * *Use the* [**Online Calculator and Invoice Checker**](https://www.wa.gov.au/government/publications/online-calculator-and-invoice-checker-cuatps2019) *to obtain an indicative hourly rate and estimated engagement cost. Please note that the Online Calculator prices are indicative and may differ slightly from those quoted by the TPS2019 contractors.* |
| **Outcome:** | *Please inform all of the contractors approached of the outcome.* |

**Step 1** The customer completes **PART A** and sends it to the relevant contractor(s).

**Step 2** The contractor completes **PART B** and returns it to the customer by the date specified, offering a choice of candidates that meet the customer’s requirements.

**Step 3** The customer selects the value for money candidate(s) and confirms their availability, then the customer completes **PART C** and returns it to the relevant contractor.

PART A: REQUEST TO CONTRACTOR

This request is called under the Common Use Arrangement for Temporary Personnel Services (CUATPS2019). This Service Request Form is an Order document under a Customer Contract.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| To: |  | | | | | |  | Att: | | |  | | | | |  |
|  | *(TPS2019 Contractor)* | | | | | |  |  | | | *(Contractor Contact)* | | | | |  |
| New TPS2019 engagement | | | | | | | | | | | | | | | | |
| Please supply details of candidates meeting the requirements below by : | | | | | | | | |  | | | |  | |  |  |
|  | | | | | | | | | *(Date)* | | | |  | | *(Time)* |  |
| Extending an existing TPS2019 engagement in the same role | | | | | | | | | | | | | | | | |
| Candidate Name: | | |  | | | New Estimated Finish Date : | | | | | | | |  | |  |
|  | | | *(Name)* | | |  | | | | | | | | *(Date)* | |  |
| All other terms are as stated in Part A of the original Service Request Form :  YES  NO  (*If ‘yes’ only the Customer Details section of Part A in this form must be completed*.) | | | | | | | | | | | | | | | | |
| Contractor to email completed Part B to:  Customer Contact Copied to:  Alternative Contact  *(i.e. procurement or HR)* | | | | | | | | | | | | | | | | |
| CUSTOMER DETAILS | | | | | | | | | | | | | | | | |
| **Buying Entity Details** | | **Name:** | |  | **Business Unit/Office:** | | | | | | |  | | | | |
| **ABN:** | |  |  | | | | | | |
| **Customer Contact Details** | | **Name:** | |  | | | | | | **Title:** | |  | | | | |
| **Email:** | |  | | | | | | | |
| **Phone:** | |  | | | | | | **Fax:** | |  | | | | |
| **Alternative Contact** | | **Name:** | |  | | | | | | **Title:** | |  | | | | |
| **Email:** | |  | | | | | | | |
| **Authorised by:** | | **Name:** | |  | | | | | | **Title:** | |  | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |
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| PAYMENT METHOD | | | | | | | | | | | |
| **Payment by Government Purchasing Card:** | YES  NO | | | | | | | | | | |
| *If payment is to be made by Government Purchasing Card (****P-Card****), the Department of Finance encourages the payment to be made as soon as practicable after receiving the invoice. Payments by P-Card should not attract any additional surcharge.* | | | | | | | | | | |
| **Purchase Order Number**  **(if applicable):** |  | | | | | | | | | | |
| **Invoice to be sent by:** | EMAIL  MAIL | | | | | | | | | | |
| **Billing Details:** | **Email to:** | | |  | | | | | | | |
| OR | | |  | | | | | | | |
| **Mail to:** | | |  | | | | | | | |
| **ROLE DESCRIPTION / JOB TITLE** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **REQUIRED SKILLS, KNOWLEDGE, OR EXPERIENCE (*Attach further details if required*.)** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **ADDITIONAL REQUIREMENTS** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| FURTHER INFORMATION | | | | | | | | | | | |
| **Number of Candidates required:** | | |  | | | | | | | | |
| **TPS2019 Category:** | | | Select Category from Drop-Down List | | | | | | | | |
| **Payroll Only Candidate:**  *(Candidate referred to the Contractor by the Customer)* | | | YES  NO  *If ‘yes’ provide the Candidate contact details below*. | | | | | | | | |
| **Candidate Name:** | | | |  | | |  | |
| **Email:** | | | |  | | |  | |
| **Phone:** | | | |  | | |  | |
|  | | | |  | | |  | |
| **Required Start Date:** | | |  | | | | | | | | |
| **Estimated End Date:** | | |  | | | | | | | | |
| **Working hours per day / week:** | | |  | | | | | | | | |
| **Overtime:** | | | YES  NO | | | | | | | | |
| **Overtime details**  **(rates / when payable):** | | |  | | | | | | | | |
| **Allowances:** | | | YES  NO | | | | | | | | |
| **Allowances details**  **(rates / when payable):** | | |  | | | | | | | | |
| **Work location:** | | |  | | | | | | | | |
| **CV(s) required:** | | | YES  NO | | | | | | | | |
| **Maximum Pay Charge:** | | | $ | |  | p/hr or approximately PSA Level | |  |  | | |
|  | | | (*This is the candidate’s pay charge (see Part B, item A), rather than the total hourly rate. This section may be left blank.)* | | | | | | | | |
| **REQUIRED SECURITY CHECKS** | | | | | | | | | | |
| *By reference to the role and your agency’s requirements for staff security clearances, specify the required security checks (if any) below. If your agency has specific requirements about the type of security check and/or the currency of the relevant clearance, include those details in the row marked ‘Other’ below.* | | | | | | | | | | |
| **Working with Children:** | | YES  NO | | | | | | | | |
| **Police Clearance:** | | YES  NO | | | | | | | | |
| **Other:** | |  | | | | | | | | |
| **MEDICAL CHECKS** | | | | | | | | | | |
| *By reference to the role and your agency’s requirements for staff medical checks clearances, specify whether a medical check is required below. If your agency has specific requirements about the type of medical check and/or the currency of the medical check, include those details in the row marked ‘Details’ below.* | | | | | | | | | | |
| **Medical Check:** | | YES  NO | | | | | | | | |
| **Details:** | |  | | | | | | | | |

PART B: OFFER BY CONTRACTOR

**The contractor must email the completed Part B of this form to the ‘Customer Contact’  
(copied to the ‘Alternative Contact’, if applicable), as specified in Part A.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| To: |  |  | Att: |  | |  |
|  | *(Buying Entity name)* |  |  | *(Customer Contact name)* | |  |
| From: |  |  | New Engagement : | |  |  |
|  | *(TPS2019 Contractor)* |  | Extension : | |  |  |

The candidate(s) meeting the request requirements are provided below:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **TPS2019 Category:** | | | Select Category from Drop-Down List | | | | | | |
| **Name of Candidate:** | | |  | | | | | | |
| **Applicable Award & Level:** | | |  | | | | | | |
| **Pre-existing Medical Condition:** | | | YES  NO | | **Brief Description:** |  | | | |
| **Offered by an affiliate:** | | | YES  NO | | **Affiliate name:** |  | | | |
| **A** | ***Pay Charge*** | | Negotiated by customer and contractor  **Variable charge per candidate** | | | **A** | | | **$** |
| **B** | ***Superannuation*** | | **Fixed rate: 11%** | | | **B** = A x 11% | | | **$** |
| **C** | ***Payroll Tax*** | | Payroll tax is calculated on the pay charge inclusive of superannuation.  **Variable rate: 5.5% - 6.5%** | | | **C** = (A + B) x X% | | | **$** |
| **PR Tax Rate =** |  | **%** |  |
|  |  |  |
| **D** | ***Contractor On-Costs*** | | Contractor on-costs are calculated on the pay charge only.  **Variable rate per contractor / category** | | | **D** = A x X% | | | **$** |
| **E** | ***Gross Margin*** | | **Variable rate per contractor / category** | | | **E** = Contractor’s GM | | | **$** |
| **F** | ***Hourly Rate*** | | GST exclusive | | | **F** = A + B + C + D + E | | | **$** |
| **G** | ***GST*** | | **Fixed rate: 10%** | | | **G** = F x 10% | | | **$** |
| **H** | ***Hourly Rate*** | | GST inclusive | | | **H** = F + G | | | **$** |
| *Overtime and allowances (if any) as stated in Part A of this Service Request Form.* | | | | | | | | | |
| *Customer to confirm or decline offered candidates within \_\_\_\_\_ hours /days using the contractor contact details specified below:* | | | | | | | | | | |
| **Contractor Contact Details:** | | **Name:** | |  | | **Phone:** |  | | | |
| **Email:** | |  | | **Fax:** |  | | | |

On behalf of the Contractor, I certify that the above prices and information are in accordance with the terms and conditions of CUATPS2019 – Temporary Personnel Services.

|  |  |
| --- | --- |
| Signed : |  |
| Name : |  |
| Date : |  |

PART C: CONFIRMATION BY CUSTOMER

**Prior to completing this part of the Service Request Form, please contact the contractor to ensure that the selected candidate(s) is available.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| To: |  |  | Att: |  | |  |
|  | *(TPS2019 Contractor)* |  |  | *(Contractor Contact)* | |  |
| From: |  |  | New Engagement : | |  |  |
|  | *(Buying Entity name)* |  | Extension : | |  |  |

The candidate(s) below have been selected to fulfil the engagement:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **TPS2019 Category:** | | | Select Category from Drop-Down List | | | | |
| **Name of Candidate:** | | |  | | | | |
| **Required Start Date:** | | |  | | | | |
| **Estimated Finish Date:** | | |  | | | | |
| **A** | ***Pay Charge*** | | GST Exclusive | **A** | | | **$** |
| **F** | ***Hourly Rate*** | | GST Exclusive | **F = A + B + C + D + E** | | | **$** |
| **H** | ***Hourly Rate*** | | GST Inclusive | **H = F + G** | | | **$** |
|  | ***Overtime Rate*** | | YES  NO | If yes, rate & terms as specified in Part A. | | | |
| **Allowances:** | | YES  NO | | | **The Allowance will incur:** | | |
| **Type:** | | *[List allowances & specify if they are subject to superannuation etc.]* | | | Superannuation:  YES  NO  Payroll Tax:  YES  NO  GST:  YES  NO | | |
| **CUSTOMER CONTACT DETAILS** | | | | | | | |
| **Customer Contact Details:** | | **Name:** |  | | **Title:** |  | |
| **Email:** |  | | | | |
| **Phone:** |  | | **Fax:** |  | |
| **Supervisor Contact Details:** | | **Name:** |  | | **Title:** |  | |
| **Email:** |  | | | | |
| **Phone:** |  | | **Fax:** |  | |
| **Timesheet Approver Contact Details:** | | **Name:** |  | | **Title:** |  | |
| **Email:** |  | | | | |
| **Phone:** |  | | **Fax:** |  | |

Authorisation to complete this engagement has been received from:

|  |  |  |  |
| --- | --- | --- | --- |
| Signed : |  | Title : |  |
| Name : |  | Date: |  |