

**APPENDIX D**  
**SAMPLE WORK ORDER**

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**LOS ANGELES COUNTY SHERIFF'S DEPARTMENT  
TEMPORARY PERSONNEL SERVICES**

**SAMPLE WORK ORDER**

\_\_\_\_\_  
(CONTRACTOR NAME)

Work Order No. \_\_\_\_\_ Master Agreement No. \_\_\_\_\_

**Date Work Order Due from Contractor** \_\_\_\_\_

**Tentative Start Date** \_\_\_\_\_

**Unit Requesting Service** \_\_\_\_\_

**Unit's Address** \_\_\_\_\_  
\_\_\_\_\_

**Job Classification/Position Title** \_\_\_\_\_

**Duties** **Billable Hourly Rate per Exhibit C \$** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I. TO BE COMPLETED BY THE CONTRACTOR**

Name of Temporary Personnel \_\_\_\_\_

**Contractor's Employee or Non Employee Acknowledgement and Confidentiality Agreement**

Yes \_\_\_ No \_\_\_

**Documentation of Pre-screened Applicant**

Yes \_\_\_ No \_\_\_

**II. TO BE COMPLETED BY COUNTY'S PROJECT MANAGER**

**Date Work Order Filled by Contractor** \_\_\_\_\_

**Actual Start Date** \_\_\_\_\_

**Work Schedule** Days \_\_\_\_\_ Start/End Time \_\_\_\_\_

Total Hours Worked \_\_\_\_\_

**Maximum Hours Not to Exceed 720 Hours**

**APPENDIX D**

Work Order No. \_\_\_\_\_ Contract No. \_\_\_\_\_

Contractor's signature on this Work Order confirms Contractor's awareness of and agreement with the provisions of Subparagraph 5.4 of the Master Agreement, which establish that Contractor shall not be entitled to any compensation whatsoever for any task, deliverable, service, or other work to County (1) other than as specified in the Master Agreement, and/or (2) that utilizes other than the approved temporary personnel, and/or (3) that goes beyond the scope of work authorized in this Work Order, and/or (4) that exceeds the total maximum hours as specified in this Work Order, these shall be gratuitous efforts on the part of Contractor for which Contractor shall have no claim whatsoever against County.

REGARDLESS OF ANY ORAL PROMISE MADE TO CONTRACTOR BY ANY COUNTY PERSONNEL WHATSOEVER.

\_\_\_\_\_  
CONTRACTOR

\_\_\_\_\_  
COUNTY PROJECT MANAGER

By: \_\_\_\_\_

BY: \_\_\_\_\_

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

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

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

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

Date: \_\_\_\_\_

Date: \_\_\_\_\_

***To Be Completed By County's Project Manager***

Temp Personnel Hire Date \_\_\_\_\_

Date Work Order Suspended \_\_\_\_\_

Total Hours Worked \_\_\_\_\_

Out of Service Date \_\_\_\_\_