

GENERAL SERVICES AGENCY SECURITY ESCORT REQUEST FORM

Date: _____			Escort Request ID # _____					
Requester: _____			Agency/Department: _____					
			Unit: _____			Phase: _____		
Contractor: _____			Activity: _____			Task: _____		
			Function: _____			Object: _____		
Location: _____			Program: _____			Dept. Obj.: _____		
PLEASE COMPLETE ONE LINE PER DAY								
			Estimated			Actual		
Date	Start Time	End Time	# of Guards	# HRS/Guard	Total	# of Guards	# HRS/Guard	Total
*NOTE: In case of problems please contact Security Operations Manager at 654-3816.			Total Hours Requested:			Total Hours Worked:		
			Regular Rate \$51.54 X total hours			Regular Rate \$51.54 X total hours		
			Overtime Rate \$77.31 X total hours			Overtime Rate \$77.31 X total hours		
			Total Estimated Cost of Escort:			Total Actual Cost of Escort:		
It is the responsibility of the guard to show up on time in uniform with proper personal gear, keys and other materials as needed for the job, and to execute the instructions given.								
Special Instructions: _____ (please be specific)								
CONTACT INFORMATION								
This person will be contacted for any problems, questions, or incidents with the escort.								
Project Manager/ Contact Name: _____			Agency/Dept.: _____					
Work Phone: _____			Cell Phone: _____					
VENDOR CONFIRMATION								
I confirm that Security Escort services were provided as instructed.								
Signature: _____			Date: _____					
Print name: _____			Company: _____					
SECURITY GUARD CONFIRMATION								
I confirm that I provided the services as noted above in the actual hours section above.								
Signature: _____			Date: _____					
Print name: _____								