



United States Department of the Interior



BUREAU OF LAND MANAGEMENT
Montana State Office
5001 Southgate Drive, P.O. Box 36800
Billings, Montana 59107-6800
<http://www.mt.blm.gov/>

In Reply To:

1582 (933)

EMAIL TRANSMISSION - Memorandum

To: Human Resources Officer
From: Requesting Office Official
Subject: Request for Use of Temporary Help Service Firm

The (requesting office) has a temporary, emergency work requirement and is requesting approval to Use a Temporary Help Service Firm in accordance with 5 CFR Part 300, Subpart E. All management options have been considered and there are no other resources available to complete the work.

1. Please give specifics for the temporary, emergency work situation.
2. Please indicate the type of work needed (secretary, office automation clerk, etc.). Indicate any special skills or qualifications required to do the work.
3. Dates services are required.
4. Daily reporting and ending hours.
5. Office location and person contractor is to report to.
6. If funding from lapsed workmonths based on leave without pay (LWOP), attach Associate State Director approval.
7. If funding with budget unit operational dollars, identify them.

Attachment 1