



**TEMPORARY ADMINISTRATIVE SERVICES CONTRACT (TASC)  
REQUEST FORM -  
ATHENA CONSULTING, LLC (#1069520)**

Requestor Information

Department: \_\_\_\_\_ Division/Section: \_\_\_\_\_

Hiring Manager Name: \_\_\_\_\_ Primary Billing Contact Name: \_\_\_\_\_

Hiring Manager Phone #: \_\_\_\_\_ Primary Billing Contact Phone #: \_\_\_\_\_

Hiring Manager Email: \_\_\_\_\_ Primary Billing Contact Email: \_\_\_\_\_

Hiring Manager Address: \_\_\_\_\_ Primary Billing Contact Address: \_\_\_\_\_

\_\_\_\_\_

Reason for Request \_\_\_\_\_

Temporary Classification/Type of Work Performed

See occupational category descriptions for more details at <http://www.montgomerycountymd.gov/HR/Recruitment/OtherResources.html#1>.

Working Hours: \_\_\_\_\_ Hours Per Day: \_\_\_\_\_

General Description of work to be performed: \_\_\_\_\_

Temp Assignment Start Date: \_\_\_\_\_ Temp Assignment End Date: \_\_\_\_\_ (end date required)

Fund \_\_\_\_\_ Cost Center \_\_\_\_\_ Account Code 60168 Project \_\_\_\_\_ Award \_\_\_\_\_ Task \_\_\_\_\_

Expenditure Type \_\_\_\_\_ Organization \_\_\_\_\_

Department Approvals

\_\_\_\_\_  
Department Hiring Manager's Signature Date

\_\_\_\_\_  
Department Budget Approval Signature Date

\_\_\_\_\_  
Department Director's Signature Date

Directions for Transition Temporary Contractor Employees:

Email completed and signed form along with an approved requisition or Direct Purchase Order (DPO) to [LDavis@ATHENAJobs.com](mailto:LDavis@ATHENAJobs.com) with a Copy to [OHRASC@montgomerycountymd.gov](mailto:OHRASC@montgomerycountymd.gov). Incomplete requests will be returned. Contract #1069520 must be included on all encumbrances.

**FOR OFFICE USE ONLY:**

PO Number: \_\_\_\_\_