

UC ANR Request for Contracting Out Services

| Purchaser | |
|--|--|
| Requestor Name: | |
| Requestor Location: | State Funded Building? |
| Supplier/Vendor Name: | |
| Supplier Contact: | Contact Email: |
| Description of Service: | |
| Location of services performed: | Dollar value of contract: |
| Entire contract term: | Extension of Existing? |
| Justification: | |
| Employee and Labor Relations Only (Do Not Fill) | |
| SX Covered Service - | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Comparable Job Title - | |
| Employee(s) Displaced - | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Carve Out Exception to Policy if <i>Covered Service</i> - | |
| Emergency need | |
| Lack of sufficient quantity and/ or expertise | |
| Incidental to a contract for the purchase or lease of real property | |
| Urgent, temporary or occasional | |
| Remote and not within a 10-mile radius (lack of equipment, material, etc.) | |
| Wage and Benefit Parity - | Amount: <input type="text"/> Met: <input type="checkbox"/> |
| Notice Requirement - | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Over \$100K (requires union notice upon RFP issuance) | |
| Supplier employees performed 1000 hrs in rolling 12 month period or 35% in 36 months | |
| Insourcing Recommended - | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| APPROVALS | |
| Approved: _____ | Date: _____ |
| ANR Labor Relations | |