

**UC ANR Request for Contracting Out Services**

<b>Purchaser</b>	
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:	
<b>Employee and Labor Relations Only (Do Not Fill)</b>	
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"/>
<b>APPROVALS</b>	
Approved: _____	Date: _____
ANR Labor Relations	