



Personal Services Contract Request Form

INSTRUCTIONS

Complete 1-7 below and email form to the Superintendent and Budget Manager for approval, cc'ing dianafearn@sjisd.org. All fields are mandatory.

Requested by: *Click to enter name.*

Today's date: *Click arrow to select date.*

1. Type of Contract Services: *Click to enter*

2. Duties, Responsibilities, Deliverables: Please provide detailed list of Duties, Responsibilities and Deliverables in the space below. Must include name, address and phone # of individual or organization to provide contract services.
Click to enter details.

3. Budget source: *Click to enter*

4. #Hours/day: *Click to enter #hrs.*

#Days/week: *Click to enter #days.*




5. Rate: \$ *Click to enter \$/Hour*

Not to Exceed: \$ *Click to enter \$/Hour*

6. Target START date: *Click to enter*

Target END date: *Click to enter*

7. List district resources this contractor will require: (i.e. Email, Application/System Access, other): *Click to enter.*

- SJISD Email
 - SJISD File Share: Enter file path  *Enter File Path*
 - SJISD Skyward: Enter module  *Enter module*
 - SJISD Other Application: List name(s)  *Enter other*
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SUPERINTENDENT DECISION

Approved Not approved

Comments:

Superintendent: Please email this form with your response to the requestor and cc dianafearn@sjisd.org.

