|  |  |  |
| --- | --- | --- |
| **CONSTRUCTION MANAGER PERSONNEL ASSIGNMENT FORM** | OGS Contract No.: |  **S** |
| Reg. Supv. and CM  agreed on **.**REASON:[ ]  New Employee [ ]  Full Time [ ]  Location Change [ ]  From \_\_\_\_\_\_\_ [ ]  To \_\_\_\_\_\_\_\_[ ]  Pay Increase [ ]  Part Time [ ]  Other Explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Effective Date: |  |
| Today’s Date: |  |

**CONTRACT INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Project Description: *(Project Title, Facility Name and Address)* | Project No.: | Work Order No.: | Phase: *(check one)*[ ]  Pre-Construction[ ]  Construction |
| Construction Management Firm Name: |

**PERSONNEL ASSIGNMENT INFORMATION**

|  |  |  |
| --- | --- | --- |
| Assignment Title: | Assigned Employee Name: | Sub-Contractor Name: *(Complete only if employee is being provided by a Sub-Contractor.)* |
| Justification for Use of a Non-Contract Title: *(Complete only if Assignment Title is not a stipulated Contract Title.)* |
| Actual Hourly Rate: | [ ]  UPSTATE [ ]  DOWNSTATE | Maximum Billable Rate: *(allowed for title by contract)* | Overtime Eligible:[ ]  YES[ ]  NO | Contract Multiplier: |

**TRAVEL REQUIREMENTS**

|  |
| --- |
| ***All travel expenses will be reimbursed in accordance with the guidelines stipulated by the Office of the State Comptroller.*** |
| Home Location:*(City)* | Jobsite Location: *(City)* | Home to Jobsite Mileage:(*one-way including 35-mile commuting)* |
| No. of AnticipatedOvernights: | Explanation: |
| Non-Traditional Travel Requirements: *(Explain, if applicable.)* |

**REVIEW AND APPROVAL** *(For OGS Use Only)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Contract Coordinator:Initials | Contract Administration: *(required when Non-Traditional Travel is requested)*Initials | Division of Construction:[ ]  Approved(Print Name) | [ ]  DisapprovedSignature |  Date |
| Review Comments: |

OGS Use Only: [ ]  Saved to Work Order File [ ]  Field Office Maintenance (FT Only)