



REQUEST TO HIRE INDEPENDENT CONTRACTOR
TO BE COMPLETED BY BUDGET MANAGER

REQUEST TO HIRE INDEPENDENT CONTRACTOR COVERSHEET

Contractor: _____ Dates of Service: _____

Scope of Service (attach additional page if needed):

Campus/Department: AIM Annual Renewal ___ YES ___ X NO
Account Code: _____ AMOUNT: _____

If Special Revenue Fund: Grant Start Date: _____ Grant End Date: _____

Approved by _____ Date _____
Budget Manager

Approved by _____ Date _____
Supervisor

Approved by _____ Date _____
Asst. Superintendent of C & I/Grants Manager

Approved by _____ Date _____
Asst. Superintendent for Business and Operations

FINANCE DEPARTMENT:

RFP or RFQ Required: ___ YES ___ NO GISD EMPLOYEE: ___ YES ___ NO

Budget Code & Funding Source Verification (Initial upon completion) _____
Background Check Complete: CRIM ONLY _____ CRIM with Fingerprinting _____

Approved by _____ Date _____
Purchasing Coordinator or Designee