



# BCCHS Independent Contractor/Vendor Service Request

Form To Be Completed by BCCHS Requesting Staff Member/Admin Assistant

School Year: \_\_\_\_\_ Independent Contractor/Vendor Name: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Term/Length of Service: \_\_\_\_\_ Expected start date for FY: \_\_\_\_\_

Name(s) of additional contracted/support staff for Independent Contractor/Vendor: \_\_\_\_\_

Supervising BCCHS staff member: \_\_\_\_\_ Work Location:  On Site  Off Site

New Vendor/Independent Contractor  Returning Vendor/Independent Contractor

Will contractor/vendor be working directly with students? Yes  No

Scope of Services:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Projected Salary/Rate: \_\_\_\_\_ PO submitted in BEST : Yes  No

**Departmental Approval:**

PO#: \_\_\_\_\_ (Enter account code provided by Business office in Aptafund)

Administrator: \_\_\_\_\_  
Print Signature Date

**For Business Office Use:**

Budget Approved: Yes  No

(Business Office use only) Account Coding: \_\_\_\_\_ B.O. Rep Initials \_\_\_\_\_

**Approvals:**

Chief Business Officer: \_\_\_\_\_  
Print Signature Date

HR Representative: \_\_\_\_\_  
Print Signature Date

**Please allow three (3) weeks for processing, Once HR receives this approved form we will contact and start the collection of all required forms/clearances.**

**INDEPENDENT CONTRACTOR/VENDER'S ARE NOT APPROVED TO PROVIDE ANY SERVICES UNTIL CLEARED BY HR**