



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: _____

☐ New Vendor/Independent Contractor | ☐ Returning Vendor/Independent Contractor | Work Location: ☐ On Site ☐ Off Site

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

Will contractor/vendor be providing services during regular school hours and in the presence of 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)

Manager (if applicable) _____

Print

Signature

Date

Do you have any personal, financial, or professional relationship with the vendor being considered for service approval? Yes ☐ No ☐

If yes, please describe the nature of the relationship.

Administrator: _____

Print

Signature

Date

Do you have any personal, financial, or professional relationship with the vendor being considered for service approval? Yes ☐ No ☐

If yes, please describe the nature of the relationship.

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