

ASSIGNMENT REQUEST FORM

Please complete and submit to the CCO Contract Procurement Division, Rotation List Management Team. This form must be filled out and submitted for any assignment to be made.

Project Name/ID: _____ / _____

Project Manager Name/Phone Number: _____ / _____

Sponsor Name/Phone Number: _____ / _____

Sponsoring Department: _____

Targeted Rotation List Name/Number: _____ / _____

Check the most applicable:

- New Assignment Request
- Additional Services on Existing Assignment DO #: _____
- Project Continuation (next phase of work) DO #: _____

Project Location/Address:

Project Description:

Check/Identify Area(s) of Professional Services Associated with this Project:

- | | | |
|---|--|--|
| <input type="checkbox"/> Architecture | <input type="checkbox"/> Civil Engineering | <input type="checkbox"/> TDLR Services |
| <input type="checkbox"/> Space Planning | <input type="checkbox"/> Structural Engineering | <input type="checkbox"/> QA/QC |
| <input type="checkbox"/> Landscape Architecture | <input type="checkbox"/> MEP/Commissioning | <input type="checkbox"/> Const.Ph.Serv.Mgmt. |
| <input type="checkbox"/> Roofing/Waterproofing | <input type="checkbox"/> Environmental Engineering | <input type="checkbox"/> Permitting |
| <input type="checkbox"/> Cost Estimating | <input type="checkbox"/> SUE | <input type="checkbox"/> Surveying |
| <input type="checkbox"/> Construction Inspection <i>(requires release signature of CSD Manager)</i> | | <input type="checkbox"/> Other: _____ |

Job Order Contract *(requires signature of CCO Division Manager)*

PROJECT FUNDING INFORMATION:

Anticipated Assignment Value \$ _____ Total Consultant Services (All Phases) \$ _____

Fund: _____ Dept: _____ Unit: _____ Object Code: _____ Activity: _____ Rept: _____ Pct: _____

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Fund Manager: _____ Tel. No: _____

Signature of Project Manager (required): _____ Date: _____

Signature of Fund Manager (if required): _____ Date: _____

Signature of CSD Manager (if required): _____ Date: _____

For RLM / Capital Contracting Office use:

Date Received: _____ Consultant Assigned: _____

Notes: _____