



Attachment B:
Contract Employment Confirmation Form
Issued by the CTO

Policy No: WVOT-PO1012

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This form is to be used for all contracted individuals providing IT services within the Executive Branch, and must be completed by the Contractor Provider and submitted every thirty (30) days to the WVOT. **All fields must be completed.**

Date _____

Name of Contractor _____

Name of Contractor Manager (state employee) _____

Agency/Bureau/Division _____

State Contractor Manager Email _____

State Contractor Manager Phone _____

P.O. # of Contract _____

Date of Last Confirmation _____

Expiration Date of Contract _____

By signing this form, I acknowledge that the abovementioned individual is currently employed with the State of West Virginia.

Contractor Provider Name (Print)

Contractor Provider Name (Signature)

Date