



Attachment A: Contract Information Form

Issued by the CTO

Policy No: WVOT-PO1012

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This form is to be used for all contracted individuals providing services within WVOT facilities, and must be completed and submitted as indicated PRIOR to the contract worker reporting to work. **All fields must be completed.**

State Agency Information:

Agency/Bureau/Division _____

Hiring Supervisor _____

Email _____ Phone _____

Contracting Company Information:

Contract Company Name _____

Contract Company Representative _____

Email _____ Phone _____

Contractor Information:

Contractor Name _____

Hourly Rate _____

Email _____ Phone _____

Has a criminal background check been performed on this Contractor? **Yes No** (circle one)
(Note: All results must be provided to the contractor's State manager.)

Projected Start Date _____ Projected End Date _____



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Area of Assignment (State Facility or Remote Location) _____

- Work Schedule:
- Sunday Hours: _____
 - Monday Hours: _____
 - Tuesday Hours: _____
 - Wednesday Hours: _____
 - Thursday Hours: _____
 - Friday Hours: _____
 - Saturday Hours: _____

WVOT Supervisor/Manager _____

Job Title _____

Has the contractor been employed by the State or agency in the past? Yes No

Start date of previous employment _____

End date of previous employment _____

Hourly rate associated with previous employment _____

Will the contractor connect to the WVOT network with State-issued equipment? Yes No

Items needed by contractor:

- Computer Access
- VPN Access
- Software (List) _____

- Portable Devices (List) _____

- Building and Garage Access Card(s)

Items completed and/or furnished by contractor:



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- Proof of Criminal Background Check
 - Proof of Residency Status and/or Work Permit
 - Signed Confidentiality Statement
 - Signed Policy Statement
 - Other (List) _____
-
-
-

Other Contract Information:

Funding Source _____

Contract Cap Amount: Hours: _____ Dollar Amount: _____

Reason for Request (Project function this person will fill) _____

Approvals:

This form must be signed by all of the following individuals prior to contractor beginning work

Agency Director _____ Date _____

Agency Secretary _____ Date _____

Contractor Manager _____ Date _____

Chief Technology Officer _____ Date _____