Department Control No. Click here to enter.

Date: Click here to enter date. DHRD Request No: Click here to enter.

Department/Division: Click here to enter.

Period of Service: From Click here to enter date. To Click here to enter date.

**REQUEST for EXEMPTION of CONTRACTUAL SERVICES**

(for BU1 and/or BU10-type work)

**ATTACHMENT C**

 (Service is only required on an intermittent basis)

1. Please provide a brief description of the services needed (e.g., groundskeeping, janitorial, air conditioning maintenance, etc.):

Click here to explain.

1. Please provide the specific location(s) where the services will be performed (e.g., island, building name, address, etc.)

Click here to explain.

1. Is this building or site owned by the State?

Yes or No.

Click here for comments, if any.

* 1. If yes, what were the reasons provided by DAGS for not providing the services?
1. How often is the service required (e.g., once a month, twice a week, etc.)?

Click here to explain.

1. If the services are only required intermittently (i.e., piecework, sporadic, as-needed), explain why current employees cannot perform the services.

Click here to explain.