**ADDITIONAL SERVICES REQUEST**

INSTRUCTIONS:

1. Complete and forward this request to State Fund, State Contract Senior Vice President – [Jürg](mailto:narorke@scif.com) [Morach](mailto:jcmorach@scif.com).
2. State Fund will evaluate the request for feasibility and compliance with the Master Agreement, and provide an estimate of the cost to the department within 30 days.
3. The Department will notify State Fund whether or not they wish to proceed with the special request within 30 days.
4. If the Department wishes to proceed, State Fund will draft a side letter of agreement that will be signed by State Fund and the Department. If the cost of the special service exceeds $25,000, CalHR’s approval and signature will also be required.
5. State Fund will provide a copy of all agreements to CalHR.

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| **Requesting Department’s Name:** Click here to enter name |
| **Mailing Address:** Click here to enter address |
| **Name of Person Making Request:** Click here to enter text. |
| **Job Title:** Click here to enter text. |
| **Phone Number:** Click here to enter phone |
| **Email Address:** Click here to enter address |
| **Briefly outline what is the department’s special need:** Click here to enter text. |
| **How can State Fund fulfill this need? (Specify time frames, resources required, deadline)**  **Click here to enter text.** |

State Fund Approved. The cost for this special service is $Enter amount here and payable upon completed service.

State Fund Denied because: **Click here to enter text.**

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State Fund Signature Print Name Date

The Department wishes to proceed with the special service and accepts the costs outlined above.

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Department Signature Print Name Date