

NEVADA DEPARTMENT OF TRANSPORTATION
CONSULTANT SERVICES
AGREEMENT STAFFING CHANGE REQUEST

AGREEMENT #:
CREW #:
CONTRACT #:
PROJECT NAME:
PRINCIPAL ENGINEER:
FIRM NAME & ADDRESS:
EMAIL ADDRESS:
CELL PHONE #:

NAME, ROLE & RATE, FIRM NAME & ADDRESS, BUSINESS EMAIL & CELL PHONE NUMBER, OF PERSONNEL BEING ADDED:

NAME, ROLE & RATE:
FIRM NAME & ADDRESS:
BUSINESS EMAIL ADDRESS:
CELL PHONE #:

NAME, ROLE & RATE OF PERSONNEL BEING REPLACED (IF APPLICABLE):

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IS THIS PERSON IDENTIFIED AS "KEY PERSONNEL" ON THE ORIGINAL PROPOSAL? YES NO

EXPLANATION:

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SUBMITTED BY: _____
Principal Engineer Date

APPROVED BY: _____
Resident Engineer Date

APPROVED BY: _____
Assistant District Engineer Date

ACCEPTED BY: _____
Construction Division Date