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|  | state_seal**STATE OF NEVADA****DEPARTMENT OF ADMINISTRATION*****Purchasing Division*****515 East Musser Street, Suite 300 │ Carson City, Nevada 89701****Phone: 775-684-0170 │ Fax: 775-684-0188** |  |

**Authorization to Contract with a Current Employee**

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| **Employee Information** |
| **Employee Name:** |  |
| **Employee ID Number:** |  |
| **Job Title:** |  |
| **Current Employee Agency:** |  |
| **Current Class and Grade:** | **Class:** |  | **Grade:** |  |
| **Employment Dates:** | **From:** |  | **To:** |  |
| **Requesting Agency:** |  |
| **Vendor:** |  |

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| **Please mark which of the following applies and complete Sections ‘A’ through ‘M’ below:** |
|  | Contract is with a current State employee (contractor) or a temporary employment agency providing a current employee. |
|  | Contract is with an entity (contractor) other than a temporary employment agency that employs a current State employee who will be performing any or all of the contracted services.  |
| **A** | **Summarize scope of contract work.** |
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| **B** | **Document the employee’s current job description.** |
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| **C** | **Explain how this differs from current State duties.** |
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| **D** | **Explain why existing State employees within your agency cannot perform these duties.** |
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| **E** | **Document if the individual overseeing or establishing the contract is related to the contractor. If so, explain the relationship and why this would not affect independence and why this would not violate NAC 284.750.** |
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| **F** | **List contractors’ hourly rate and employee’s hourly rate.** |
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| **G** | **List the range of comparable State employee rates. This should include the job title, pay grade and hourly rate.** |
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| **H** | **Justify contract rate if it exceeds the maximum employee/employer rate for a comparable State position by more than 10 percent (10%).** |
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| **I** | **Document justification for hiring contractor.** |
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| **J** | **Will the employee be collecting PERS at any time during the contract?** |
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| **K** | **What is the duration of the contract with the current employee? (Include start and end date)** |
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| **L** | **Will the current employee be working full time or part time? If part time, how many hours?** |
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| **M** | **Is the employee currently serving on any Boards or Commissions? If yes, identify which Board(s) or Commission(s).** |
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| **Comments – Provide any additional comments:** |
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**Approval for Authorization to Contract with a Current Employee:**

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| Signature of Agency Head Authorizing Request | Date |

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| --- | --- |
|  |  |
| Purchasing Administrator Signature (if a Statewide Contract) | Date |

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| --- | --- |
|  |  |
| Budget Analyst Signature | Date |

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| --- | --- |
|  |  |
| Clerk of the Board of Examiners Signature | Date |