

NEVADA DEPARTMENT OF TRANSPORTATION
CONSULTANT SERVICES
AGREEMENT STAFFING CHANGE REQUEST

AGREEMENT #:
CONTRACT #:
PROJECT NAME:
FIRM NAME:
CONTACT PERSON:
PHONE NO.

NAME, ROLE & RATE OF PERSONNEL BEING ADDED:

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NAME, ROLE & RATE OF PERSONNEL BEING REPLACED:

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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 and Assistant District Engineer Date

ACCEPTED BY: _____
Construction Division Date