GMX PROCUREMENT/CONTRACT NO.: _____
GMX WORK PROGRAM NO.: _____
GMX PROJECT/SERVICE TITLE: _____
_____

PERSONNEL CHANGE REQUEST FORM

CONTRACTOR/CONSULTANT SHALL NOT REPLACE OR SUBSTITUTE ANY OF THE APPROVED PERSONNEL WITHOUT PRIOR WRITTEN APPROVAL FROM GMX.

DOCUMENTATION SHALL BE SUBMITTED TO THE GMX CONTRACT MANAGER NOT LESS THAN SEVEN (7) CALENDAR DAYS PRIOR TO THE PROPOSED PERSONNEL COMMENCEMENT OF WORK/SERVICES.

Date: _____ **Request No:** _____

GMX Contract Manager: _____

Title: _____

Contractor/Consultant: _____

Request For: Contractor/Consultant ☐ Subcontractor/Subconsultant ☐

Request To: Add Personnel ☐ Re-classify Personnel ☐

Employee Name:	
Firm Name:	
Current Job Classification (if applicable):	Proposed Job Classification:
Reason for change:	
THE BELOW ONLY APPLIES TO PROFESSIONAL SERVICES CONTRACTS	
Actual Rate:	Established Rate Cap or Contract Hourly Rate, as applicable:
Current Billing Rate (if applicable):	Proposed Billing Rate:

Effective date of change: _____

GMX PROCUREMENT/CONTRACT NO.: _____
GMX WORK PROGRAM NO.: _____
GMX PROJECT/SERVICE TITLE: _____
_____

PERSONNEL CHANGE REQUEST FORM

SUBMITTAL OF THIS REQUEST CONSTITUTES CERTIFICATION THAT THE PROPOSED PERSONNEL IS AVAILABLE AS REQUIRED FOR THE CONTRACT.

The submittal of this Form must be accompanied by the documentation required by either the Professional Services Agreement or the General Specifications, as applicable.

☐ Current Resumes

☐ Certified Payroll:

☐ Certification/Licenses

Total Numbers of Pages: _____ (including this form, additional pages for Multiple Staff Change Request and supporting documentation).

The below Contractor/Consultant authorized signatory hereby certifies that the information provided is true and correct at the date of submittal of this Personnel Change Request Form.

Contractor/Consultant:

Authorized Signatory	Title
Print Name	Date

GEC Concurrence, as applicable:

Authorized Signatory	Title
Print Name	Date

GMX Approval:

Authorized Signatory	Title
Print Name	Date

Copy to: Procurement Manager
GEC Program Controls Manager, as applicable

GMX PROCUREMENT/CONTRACT NO.: _____
GMX WORK PROGRAM NO.: _____
GMX PROJECT/SERVICE TITLE: _____
_____

PERSONNEL CHANGE REQUEST FORM

Multiple Staff Change Request

For multiple staff requests use as many copies of this page as required.

Multiple Staff Change Request Attached: Yes ☐ No ☐

Request For: Contractor/Consultant ☐ Subcontractor/Subconsultant ☐

Request To: Add Personnel ☐ Re-classify Personnel ☐

Employee Name:	
Firm Name:	
Current Job Classification:	Proposed Job Classification:
Reason for change:	
THE BELOW ONLY APPLIES TO PROFESSIONAL SERVICES CONTRACTS	
Actual Rate:	Established Rate Cap or Contract Hourly Rate, as applicable:
Current Billing Rate (if applicable):	Proposed Billing Rate:

Effective date of change: _____

Employee Name:	
Firm Name:	
Current Job Classification:	Proposed Job Classification:
Reason for change:	
THE BELOW ONLY APPLIES TO PROFESSIONAL SERVICES CONTRACTS	
Actual Rate:	Established Rate Cap or Contract Hourly Rate, as applicable:
Current Billing Rate (if applicable):	Proposed Billing Rate:

Effective date of change: _____