



**\*\*Please complete electronically. DO NOT HANDWRITE.\*\***

**Contract Worker**

Start Date _____	End Date _____	NEW	RENEW/ REISSUE	Previous Contract No. _____
First _____	MI _____	Last _____	Suffix _____	Credentials _____
Street _____	City _____	State _____	Zip Code _____	
Email _____	Is the Worker a Retired MS State Employee?			YES*      NO
Phone _____	*If 'Yes', Date of Retirement _____			

**Supervision and Assignment**

Worker's Supervisor (First and Last Name) _____	Title _____	Office/Program _____
Supervisor's Mailing Address _____	City _____	Zip Code _____ Phone _____
Worker's Assigned Office (MSDH Facility Name) _____	Street _____	City _____
Is the Worker related to a current MSDH Employee?	YES*      NO	*If 'Yes', would the Worker be in their relative's line of supervision?
		YES      NO

**Services and Compensation**

[If the position has unique job duties or is not a MSPB standard class, please provide additional information on Page 2.]

Will the Worker's job duties be the same as those in an MSPB position?	YES*      NO	Job Title _____ (*If 'Yes', provide MSPB Job Class)
Does the Worker have the required experience, certification, and/or licensure?	YES*      NO	*If 'Yes', does the Worker meet the requirements?
		YES      NO

Salary Cost Estimate _____	MSDH Approved Hourly Rate _____	Other Rate* _____	*Per Hour _____	Hrs Per Mo. _____	Total Hours _____		
Travel Cost Estimate _____	<table border="1" style="width:100%; height: 100%;"> <tr> <td style="width:20%; text-align: center;"><b>Nonstandard Pay Rate Justification</b></td> <td style="width:80%;"></td> </tr> </table>					<b>Nonstandard Pay Rate Justification</b>	
<b>Nonstandard Pay Rate Justification</b>							
<b>Maximum Contract Total</b>							

ORG	PROJECT	REPORTING	FEDERAL GRANT	
_____ %	_____ %	_____ %	YES	NO
_____ %	_____ %	_____ %		
_____ %	_____ %	_____ %	Award	_____
_____ %	_____ %	_____ %	AID	_____
_____ %	_____ %	_____ %	CFDA	_____

**Additional Information**

If the position has unique job duties or is not a MSPB standard class, please provide details below and be as specific as possible. Include any requirements or licensure that differs from the MSPB standard.

**Contract Justification**

**Submitted By:** \_\_\_\_\_  
**Office/Program:** \_\_\_\_\_

**Email:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_

**Instructions for Form 1144e, Contract Request Form for Contractual Workers**  
**Revision Initial 4-17-19**

**Purpose:** This form was created for users to request contracts with Contractual Workers.

**Instructions:** Please complete all fields as indicated, if applicable. Save the pdf and name the file the Contract Worker's last name, capital first letter of first name, space, F607. (Example: The pdf file of the request form for a contract with Anna Smith would be saved as **SmithA F-607.pdf**.)

**Office Mechanics and Filing:** All completed forms are to be submitted in the usual contractual routing process at least thirty (30) days prior to contract start date for processing. If contract has a start date beginning in May, June or July, please submit at least sixty (60) days prior to start date. Copies of contracts must be downloaded from the Q-Pulse tracking system. Please make sure all forms requiring signatures are completely signed and dated.

**Retention Period:** Processed contracts will be filed in the Office of Human Resources for the current fiscal year plus two (2) additional years. After this period, contracts will be stored at the Department of Archives for three (3) additional years.