SCOPE OF WORK

 Service provider a current” or former employee of the University of Colorado?

 If yes, list dates of employment:

 The service provider relied and currently receiving PERA benefits? [ ]  Yes [ ]  No of yes, have the service provider complete

 disclosure of Compensation form scan and email the completed form to employee service at

**CU CONTACT INFORMATION**

**Name:**

**Unit:**

**Email Address:**

**Campus Phone:**

jj

**SERVICE PROVIDER INFORMATION**

**Citizenship (check one):**

You’re Logo

You’re Logo

 Background check mist be performed on service providers who will be working with making a background check

 been performed on this service provider?

 [ ]  Yes [ ]  No [ ]  Service provider will not be working with making

**PAYMENT DETAILS**

All costs proposed to be covered be the University, including all travel-related experelated

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| --- | --- |
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 If ‘other costs’ are indicated at left (i.e., notes)