



Attachment A:  
**Contract Information Form**  
Issued by the CTO

Policy No: WVOT-PO1012

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This form is to be used for all contracted individuals providing services within WVOT facilities, and must be completed and submitted as indicated PRIOR to the contract worker reporting to work. **All fields must be completed.**

**State Agency Information:**

Agency/Bureau/Division \_\_\_\_\_

Hiring Supervisor \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

**Contracting Company Information:**

Contract Company Name \_\_\_\_\_

Contract Company Representative \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

**Contractor Information:**

Contractor Name \_\_\_\_\_

Hourly Rate \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Has a criminal background check been performed on this Contractor? **Yes No** (circle one)  
*(Note: All results must be provided to the contractor's State manager.)*

Projected Start Date \_\_\_\_\_ Projected End Date \_\_\_\_\_



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Area of Assignment (State Facility or Remote Location) \_\_\_\_\_

- Work Schedule:
- Sunday Hours: \_\_\_\_\_
  - Monday Hours: \_\_\_\_\_
  - Tuesday Hours: \_\_\_\_\_
  - Wednesday Hours: \_\_\_\_\_
  - Thursday Hours: \_\_\_\_\_
  - Friday Hours: \_\_\_\_\_
  - Saturday Hours: \_\_\_\_\_

WVOT Supervisor/Manager \_\_\_\_\_

Job Title \_\_\_\_\_

Has the contractor been employed by the State or agency in the past?  Yes  No

Start date of previous employment \_\_\_\_\_

End date of previous employment \_\_\_\_\_

Hourly rate associated with previous employment \_\_\_\_\_

Will the contractor connect to the WVOT network with State-issued equipment?  Yes  No

**Items needed by contractor:**

- Computer Access
- VPN Access
- Software (List) \_\_\_\_\_  
\_\_\_\_\_
- Portable Devices (List) \_\_\_\_\_  
\_\_\_\_\_
- Building and Garage Access Card(s)

**Items completed and/or furnished by contractor:**



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- Proof of Criminal Background Check
  - Proof of Residency Status and/or Work Permit
  - Signed Confidentiality Statement
  - Signed Policy Statement
  - Other (List) \_\_\_\_\_
- 
- 
- 

**Other Contract Information:**

Funding Source \_\_\_\_\_

Contract Cap Amount: Hours: \_\_\_\_\_ Dollar Amount: \_\_\_\_\_

Reason for Request (Project function this person will fill) \_\_\_\_\_

**Approvals:**

This form must be signed by all of the following individuals prior to contractor beginning work

Agency Director \_\_\_\_\_ Date \_\_\_\_\_

Agency Secretary \_\_\_\_\_ Date \_\_\_\_\_

Contractor Manager \_\_\_\_\_ Date \_\_\_\_\_

Chief Technology Officer \_\_\_\_\_ Date \_\_\_\_\_