

CONTRACT REQUEST

Requester: _____ LRS: _____ Date: _____

CONTRACT NAME: _____ DURATION: _____

LOCAL/UNIT #: _____ COUNTY: _____

VERIFY PRIOR TO SENDING FOR PRINT:

☐ Table of Contents and/or Index _____

☐ **Use Check Mark Boxes Only**

☐ Contract Duration _____
(Inside the contract and on the cover)

☐ Signature Page _____
(Signed)

☐ Salary Schedule _____

☐ Verify all pages of contract/addendums, appendices, etc., attached _____

PRINTING DETAILS:

Date Needed: _____ Quantity: _____

Please allow a minimum of 2-3 weeks for completion upon receipt in Communications.

Printing Type/Finishing:

☐ 8 1/2 x 11 - Black Print/Stapled

Card Stock Color: _____

☐ 8 1/2 x 11 - Color Print/**Front Stapled** (Special INK Color): _____
Card Stock Color: **WHITE ONLY** *INK Color*

☐ 8 1/2 x 11 - Color Print/**Side Stapled** (Special INK Color): _____
☐ **Contract has LESS than 80 pages** *INK Color*

Card Stock Color: **WHITE ONLY**

DISTRIBUTION:

Attach a Separate Sheet Of Paper With Addresses or Fill In Below

Send request with contract to CSEA Headquarters/Communications