



SECTION 1: AGENCY INFORMATION - TO BE COMPLETED BY CHP; and if applicable the AREA 04 SUPERVISOR

Requested Completion Date: **Cost Limit (if any):** \$ _____

Requestor: _____ Phone: _____ Date: _____

Approving Signature: _____ Phone: _____ Date: _____

Requester

Priority Approval: _____ Phone: _____ Date: _____

CHP Chief - For Emergency/Rush Services Only

Priority Approval: _____ Phone: _____ Date: _____

Area 04 Supervisor - For Emergency/Rush Services Only

SECTION 2: DESCRIPTION OF SERVICE REQUESTED

[Additional information attached](#)

Is the above service requested to be completed under an existing OES-PSC-207 Work Authorization number currently submitted to PSC?

If so, provide the work authorization number.

Work Authorization Number: _____

Is the above service requested to be completed under an existing OES-PSC-207PA Pre-Authorization Work Request?

If so, provide the pre-authorization number and a OES-PSC-207PA form

Pre-Authorization Number: _____

SECTION 3: PSC INFORMATION - TO BE COMPLETED BY PSC CHP ENGINEERING UNIT

CHP Unit Engineer: _____ Phone: _____ Date: _____

Project Manager: _____ CHP Unit Analyst: _____

Project Title: _____

or location(s) where equipment will be used

PSC Agency Billing Code

CHP-TEL 08047 CHP-BSS 08076

Approving Signature: _____ Phone: _____ Date: _____

Engineering Section Head or Designee



SECTION 3: PSC INFORMATION - TO BE COMPLETED BY PSC CHP ENGINEERING UNIT (Cont.)

Can The Above Service Requested Be Completed By Area 04 - Determination To Be Made By PSC CHP Engineering Unit

- Service requested **CAN** be completed under the existing OES-PSC-207 Work Authorization number assigned?
 Service requested **CANNOT** be completed under the existing OES-PSC-207 Work Authorization number assigned?
- Service requested will require a **NEW** OES-PSC-207 Work Authorization form to be submitted by the CHP engineering unit.
- Service requested can be completed under the 207PA process? If a OES-PSC-207PA form has not yet been completed one will be required in order for PSC to complete the task.

SECTION 4: TO BE COMPLETED BY AREA 04

Area 04 Supervisor: _____ Date Received: _____
 Staff Assigned: _____ File #: _____
 Job Completed By: _____ Date: _____
 Estimated Cost: \$ _____ Cost of Parts Rebilled: \$ _____ Total Cost: \$ _____



INSTRUCTIONS

SECTION 1: AGENCY INFORMATION - TO BE COMPLETED BY CHP; and if applicable the AREA 04 SUPERVISOR

- ▶ Requested Completion Date: Date requested for work to be completed.
- ▶ Cost Limit (if any): \$ Enter a maximum dollar amount for this work, or enter N/A if not applicable.
- ▶ Requestor: Name of CHP person submitting OES-PSC-2200.
- ▶ Approving Signature: Signature of CHP person approving expenditure of funds to provide requested service.
- ▶ Priority Request Approval: Signature of CHP Chief approving Emergency or Rush Services, enter N/A if not applicable.
- ▶ Priority Request Approval: Signature of Area 04 Supervisor approving Emergency or Rush Services, enter N/A if not applicable.

SECTION 2: DESCRIPTION OF SERVICE REQUESTED

- ▶ Additional information attached: Check box if additional sheets are attached.
- ▶ Work Authorization Number: Enter existing work authorization number requested for this work.
- ▶ Pre-Authorization Number: Enter existing pre-authorization number being requested for this work.

SECTION 3: PSC INFORMATION

- ▶ CHP Unit Engineer: Enter the PSC CHP Unit Engineer that is assigned responsibility for this work.
 - ▶ Project Manager: Enter the PSC Project Manager that is assigned responsibility for this work.
 - ▶ CHP Unit Analyst: Enter PSC CHP Unit Analyst that is assigned responsibility for this work.
 - ▶ Project Title: Enter a descriptive Title or location(s) where equipment will be used.
 - ▶ Approving Signature: Engineering Section Head or Designee.
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SECTION 4: TO BE COMPLETED BY AREA 04

- ▶ Area 04 Supervisor: Enter PSC Area 04 Supervisor that is assigned responsibility for this work.
- ▶ Date Received: Enter date OES-PSC-2200 document was received in Area 04.
- ▶ Staff Assigned: Enter PSC staff name(s) that is(are) assigned responsibility for performing this work.
- ▶ File #: Enter the Area 04 local file reference number.
- ▶ Job Completed By: Enter the lead PSC Technician that certified this work has been completed.
- ▶ Date: Enter the Date this work request was completed.
- ▶ Estimated Cost: \$ Enter estimated cost, estimated work-hours x Labor Rate, or enter N/A if not applicable.
- ▶ Cost of Parts Rebilled: \$ Enter cost to be rebilled to CHP for this work, or enter N/A if not applicable.
- ▶ Total Cost: \$ Enter actual work-hours cost and add cost of parts rebilled, or enter N/A if not applicable.