## MUNICIPAL ASSISTANCE BUREAU AT-THE-READY CONSULTANT SERVICES FOR LOCALLY MANAGED PROJECTS CHANGE IN PERSONNEL REQUEST

Name of Firm: \_\_\_\_\_\_ Project Name/Number: \_\_\_\_\_ Project Sponsor: \_\_\_\_\_ A change in personnel as presented in the At-the-Ready Qualification Proposal is proposed. We request that the following substitution is approved. Current employee/position: Name of employee: \_\_\_\_\_ Position: \_\_\_\_\_ Employee/position being requested: Name of employee: \_\_\_\_\_ Position: \_\_\_\_\_\_ **Reason for Request:** Signature of Consultant Representative in Responsible Charge Signature of Municipal Representative in Responsible Charge

Signature of VTrans Project Manager

Enclosure:

cc: AOT Project Supervisor