



**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: \$ _____
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## 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.