Overview: This form is used to obtain departmental review and approval to contract for AFSCME Covered Services.

There are several University restrictions limiting UC's ability to contract AFCSME covered work, prior to initiating this form, please refer to the Contracting Out For Services webpage for more information.

Contracting out should be used sparingly and treated as an **option of last resort.** Departments are **required** to explore all options for completing work with in-house before considering or requesting to contract the work.

Covered services include work customarily performed by bargaining unit employees, whether in whole or in part, including but **not necessarily limited** to the following services:

- Transportation and Parking Service
- Food Services
- Security Services
- Grounds Keeping
- Cleaning/Custodial/Janitorial/Housekeeping Services
- Patient Care/Health Center Staff (Vocational Nursing),
- Laundry Services
- Billing and Coding Services
- Medical imagining or other medical technician services

Instructions:

- Step 1 Requester completes Section 1–4 providing a <u>detailed</u> justification for why contracting for services is the **option of last resort** and identify the applicable exemption(s) on the form. Failure to provide detailed justification may cause delays in the review process.
- Step 2 Department routes request to <u>laborrelations@ucmerced.edu</u> to complete **Section 5** of the form before submitting Procurement request.
- **Step 3** Requester submits requisition or ServiceNow request with the signed and completed Contracting Out Justification Form (COJF) as an attachment.



Contract Review for Covered Services

| l. [| Department Information | | | | | | | |
|---|---|-----------------|--|---------------|--|--|--|--|
| Request Typ | pe | | | | | | | |
| ☐ New Requ | est | | | | | | | |
| ☐ Extension | /Renewal of Existing Service | | | | | | | |
| ☐ Emergence | y Service Request | | | | | | | |
| • | , nergency Service Request, has the work | k been | completed? ☐ Yes ☐ No | | | | | |
| Contract Te | rm: | | | | | | | |
| Department: | | | Requestor Email: | | | | | |
| | | noquests Intern | | | | | | |
| | | ı | | | | | | |
| Danwastan | | | | | | | | |
| Requestor | Name | Signat | uro | Date | | | | |
| | Nume | Signat | arc - | Butte | | | | |
| Approver | | | | | | | | |
| | Vice Chancellor/ Department Dean | Vice C | hancellor/ Department Dean Signature | Date | | | | |
| | | | | | | | | |
| | | | Liber on and advisor F402 | | | | | |
| | imited/Exigent Circumstance: Identify co | | ut that may apply under Policy 5402 hich services customarily performed by ba | rgaining unit | | | | |
| | • | | used sparingly and treated as an option (| • | | | | |
| 1 - | - | | es with contractors. Reduced cost is not an | | | | | |
| | | | act for covered services, there will be no c | | | | | |
| university. Ple | ase indicate which of the following apply | <i>'</i> . | | | | | | |
| (1) The services are needed to address an actual emergency. An emergency may include, but is not | | | | | | | | |
| limited to, the need to prevent the stoppage of University operations or to ensure continuous | | | | | | | | |
| operations at the University medical centers. | | | | | | | | |
| (2) The employees capable of providing the required services are not available at the University location | | | | | | | | |
| in sufficient quantity or do not possess the necessary level of expertise, or the services cannot be | | | | | | | | |
| performed satisfactorily by University employees, or the services are of a specialized or technical nature and the expertise, knowledge, ability and/or equipment required is not available internally. | | | | | | | | |
| This provision shall be interpreted narrowly and shall not be relied upon to avoid reasonable efforts | | | | | | | | |
| to hire and train sufficient numbers of University employees. | | | | | | | | |
| (3) The services are incidental to a contract for the purchase or lease of real or personal property. This | | | | | | | | |
| includes services that are to be provided on property that the University has leased to or from a third | | | | | | | | |
| party or through public private partnerships. This does not include | | | | | | | | |
| arrangements where the University maintains operational control. | | | | | | | | |

| (4) The services are of such an urgent, temporary, or occasional nature that the delay resulting from their performance by University employees hired under the University's regular or ordinary hiring process, or the inefficiencies or difficulties in utilizing University employees, would frustrate the University's goals giving rise to the need for the services. This provision shall be interpreted narrowly and shall not be relied upon to justify the ongoing use of temporary workers. |
|---|
| (5) The contractor will provide equipment, materials, facilities, or support services that could not be provided feasibly in the location where the services are to be performed. Services at remote facilities, which are those not within a 10-mile radius of a University campus, medical center, or Laboratory, may fall within this exception. |
| (6) The services are performed by registry personnel in its clinical operations to address short- term staffing needs, including circumstances where the University's reasonable recruitment efforts to hire are unable to satisfy ongoing staffing needs. |

| III. Explanation of qualifying | g Circumstances |
|---|-----------------|
| Please explain in detail why | |
| this work cannot be done | |
| with UC staff | |
| Provide a detailed explanation of all staffing options considered (e.g. overtime, outof-class assignment, limited term appointment) and why they are not feasible | |
| Will any UC staff be displaced, | |
| i.e., laidoff, as a result of this | |
| RFP/Contract? | |
| Explain rationale for selection/qualifying circumstances (please attach additional documents as needed) | |
| Document your effort to in- | |
| source service, including | |
| identifying if alternatives were | |
| considered before contracting | |
| (please attach additional | |
| documents as needed) | |

Please attach any additional documentation that you believe would assist us with understanding your needs.

| IV. Type of Service | | | | | | |
|--|-------------------|---------------------|-------------------------|------|--------------------------|--|
| ☐ Agricultural | □ Janitorial | | ☐ Food Services | | ☐ Laundry Services | |
| ☐ Grounds-keeping ☐ Building | | ng | ☐ Transportation | | ☐ Parking Services | |
| Maintenance | | tenance | | | | |
| ☐ Security Services | ☐ Billing/Coding | | ☐ Sterile Processing | | ☐ Medical Imaging | |
| ☐ Hospital | □ Nursing | | ☐ Medical Technician | | □ Othor | |
| Assistant Services | Assistan | t Services | Services | | ☐ Other | |
| Explain the scope of work : Pr | | | | | | |
| description of services, why th | | • | | | | |
| and where services are to be | • | - | | | | |
| type of work and job duties employees on our campus p | | • | | | | |
| work, please identify job tit | | iis kiiid Oi | | | | |
| Building Name and/or Location | of work to | be | | | | |
| performed: | | | | | | |
| Is this building SB 820 restricted | ? (Please re | efer to | □ Yes | □ No | □ Unknown | |
| Attachment A for listing) | | | | | | |
| Is this a new facility? | | | | | | |
| Check "yes" if the covered se | rvices will | be | | | | |
| performed in a building or of | | | □ Yes | | □ No | |
| new to UC - includes newly | / built, bu | ildings that | | | □ No | |
| have been renovated, & buil | dings puro | chased in | | | | |
| the current year. | the current year. | | | | | |
| Diagon list the ich title that me | st alosolu | aliana with this s | on ioo | | | |
| Please list the job title that mo | ist closely | aligiis with this s | ervice. | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| V. Labor Relations Revie | ew | | | | | |
| Wage and Benefit Parity | | | | | | |
| Job Title: | | | Hourly Rate (per hour): | | | |
| Pension Parity (per hour): Benefits Pa | | | ity (per hour): Tot | | al UC Cost (per hour): | |
| relision ranty (per flour). | | Deficition Fairt | ity (per flour). | | tal oc cost (per flour). | |
| Union Notification | | | | | | |
| ☐ Union Notification required due to: | | | | | | |
| \square extending or renewing a contract valued at over \$100,000 ; or | | | | | | |
| ☐ an RFP for a covered service | | | | | | |
| Union Notification not required | | | | | | |
| Were any UC employees displaced because of this RFP/Contract? | | | | | | |
| □ Yes | | | | | | |
| □ No | | | | | | |

| Labor Relations Signature: | Printed na | me: | | Date: | | |
|---|------------|----------------------------------|--|-------|--|--|
| | | | | | | |
| X VI. Contract Information (to be completed by Procurement) | | | | | | |
| Proposed Service Provider | | | | | | |
| Is the proposed provider a certified small and/or diverse business? | | ☐ Small Business | | | | |
| | | ☐ Minority Business Enterprise | | | | |
| | | □ Veteran-owned | | | | |
| | | ☐ Women-Owned Small Business | | | | |
| | | ☐ Service Disabled Veteran Owned | | | | |
| Estimated contract amount (for life of | | | | | | |
| the contract) | | | | | | |
| Actual contract amount | | | | | | |
| provided by Procurement once | | | | | | |
| agreement is final if different | | | | | | |
| than estimate above | | | | | | |
| Purchase Order # | | | | | | |

Attachment A SB 820 Restricted Buildings

Administration Building Arts and Computational Sciences Bellevue Loading Dock Biomedical Sciences & Physics

Castle 1200

Castle 1201

Central Plant

COB 1

COB 2

COB 3

El Portal

Glacier Point

Granite Pass

Haz Mat Facility

Leo Kolligian Library

Sentinel Rock

Student Services Building

Sustainability Research and Engineering

Medical Education Building