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 <u>Contracting Out For Services webpage</u> 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 1Requester 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 2Department routes request to laborrelations@ucmerced.edu to complete Section 4 of the formbefore submitting Procurement request.
- Step 3Requester submits requisition or ServiceNow request with the signed and
completed Contracting Out Justification Form (COJF) as an attachment.



| I. D | Department Information | | | |
|------------------|--|------------------|--------------------------------------|------|
| Request Typ | e | | | |
| New Reque | est | | | |
| □ Extension/ | Renewal of Existing Service | | | |
| Emergency | y Service Request | | | |
| If this is an Em | nergency Service Request, has the work | k been | completed? 🗆 Yes 🛛 No | |
| Contract Ter | rm: | | | |
| Department: | | Requestor Email: | | |
| | | | | |
| Poquestor | | | | |
| Requestor | Name | Signat | ure | Date |
| | | | | |
| Approver | Vice Chancellor/ Department Dean | Vice (| hancellor/ Department Dean Signature | Date |

II. Limited/Exigent Circumstance: Identify carve-out that may apply under Policy 5402

The following provisions set forth the only circumstances in which services customarily performed by bargaining unit employees may be contracted out. **Contracting out should be used sparingly and treated as** an option of last resort to address temporary needs, not as a means to replace employees with contractors. Reduced cost is not an acceptable justification. By requiring wage and benefit parity in any contract for covered services, there will be no cost advantage to the university. Please indicate which of the following apply.

| (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, out- | |
| of-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 | Ianitorial | 🗆 Food Servi | ces | □ Laundry Services | |
| □ Grounds-keeping □ Building | | Transport | ation | □ Parking Services | |
| | Maintenance | | | | |
| Security Services | □ Billing/Coding | 🗆 Sterile Pro | cessing | Medical Imaging | |
| 🗆 Hospital | □ Nursing | Medical Te | echnician | □ Other | |
| Assistant Services | Assistant Services | Services | | | |
| 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 | is service is required e performed; include (be very specific). If erform this kind of | | | | |
| Building Name and/or Location performed: | of work to be | | | | |
| Is this building SB 820 restricted Attachment A for listing) | ? (Please refer to | □ Yes | 🗆 No | Unknown | |
| Is this a new facility? Check "yes" if the covered services will be performed in a building or other facility that is new to UC - includes newly built, buildings that have been renovated, & buildings purchased in the current year. | | □ Yes | | 🗆 No | |
| Please list the job title that mo | st closely aligns with thi | s service: | | | |
| | | | | | |
| V. Labor Relations Revie | ew | | | | |
| Wage and Benefit Parity | | | | | |
| Job Title: | | Hourly Ra | Hourly Rate (per hour): | | |
| Pension Parity (per hour): | Benefits Pari | ty (per hour): Tot | | tal UC Cost (per hour): | |

| Union Notification | |
|-----------------------------------|-----|
| □ Union Notification required due | to: |

 \Box extending or renewing a contract valued at over \$100,000 ; or

 $\hfill\square$ an RFP for a covered service

| Union | Notification | not | required |
|-------|--------------|-----|----------|
| | | | |

| Labor Relations Signature: | Printed name: | Date: | |
|----------------------------|---------------|-------|--|
| | | | |

| $^{	imes}$ 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