

Contract Work Notification

September 21, 2020

CONTRACT WORK NOTIFICATION

(to be eligible to contract work in another county, you must be employed by a local health department)

REGISTRATION NUMBER _____ DATE OF CONTRACT
EMPLOYMENT: _____

NAME _____

POSITION TITLE: _____ EMAIL ADDRESS: _____

CURRENT AUTHORIZATION IN:

- CCSS FLI OSWP (..) TATTOO
 CLPP POOLS WELLS

COUNTY OF EMPLOYMENT: _____

HEALTH DIRECTOR NAME & EMAIL: _____

SUPERVISOR NAME & EMAIL: _____

COUNTY IN WHICH CONTRACT WORK IS OCCURRING : _____

HEALTH DIRECTOR NAME & EMAIL: _____

SUPERVISOR NAME & EMAIL: _____

CONTRACT WORK AUTHORIZATION AREA:

- CCSS FLI OSWP (..) TATTOO
 CLPP POOLS WELLS

BEGINNING DATE: _____ (Please do not say ASAP.)

DATE: _____ APPLICANT

SIGNATURE: _____

Please provide a copy of the contract between your current county of employment and the county in which you plan to perform contract work.

INSTRUCTIONS

Purpose: To notify Section of intent to enforce state environmental health laws and rules in an emergency situation.

Preparation: This form shall be completed by the authorized agent wishing to perform contract work in another county.

Documents to Attach: Copy of written contract between applicant (contracting agent) and contracting department. The contract must meet 15A NCAS 01O .0105 (b) (1-6).

Distribution:

1. Original to: ehs.authorization@dhhs.nc.gov
DHHS/DEH - CIT and Authorizations
1632 Mail Service Center, Raleigh, NC 27699-1632
2. Copy: Local health department files.

Disposition: This form may be destroyed in accordance with Standard 6, Personnel Records, *Records Disposition Schedule* published by the North Carolina Division of Archives and History.

Additional Forms: This form may be copied as needed.

DPH-EHS 1056C (09/21/2020) MRM