



State of Connecticut Human Resources

Personal Service Agreement/Request for Waiver of Classified Service Form

Form #: CT-HR-4

Revision Date: 12/2003

TO: DAS Human Resources Business Center
450 Columbus Blvd., Hartford, CT 06103

Attn: _____
(Agency HR Liaison)

FAX: _____

PHONE: _____

FROM: _____
Name and Title of Personnel Administrator

Agency Name

Agency Address

PHONE: _____

FAX: _____

DATE: _____

NAME OF VENDOR: _____ SOCIAL SECURITY NUMBER _____

CONTRACT PERIOD: Start Date _____ End Date _____

TYPE OF CONTRACT: ____ Original ____ Extension/Amendment*

*If not original, date original contract began _____

As requested by the DAS/Human Resources, this office has reviewed the above referenced PSA and recommends that a waiver of the classified service be : ____Approved ____ Denied ____ Approved Conditionally. The basis for this recommendation is explained below:

EXPLANATION: (Use extra sheets if necessary)

Signature: _____
(Agency Personnel Administrator)