



CSCS Contract Variation Form

PART 1 – General Details

Fill out all the boxes below and add attachments if required.

Name /Description of contract:

Period of Contract (Budget year):

Name of Campus/ Division/ Business:

Business/ Division Contact Name:

Business/ Division Contact Address:

Business /Division Contact Phone number:

Business/ Division contact Email address:

Description of Proposed variation, include all the details:

Expectation, regarding the impact on the budget:



Length of Variation (in dates)

From:	To:
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Due to the risk of additional expenses outside the original Contract scope, CSCS requires a minimum of 28 days' notice prior to any significant variation. Human resources, and any requirements relating to existing or new; goods, materials and/or equipment must be considered. Shorter notice periods for cessation or commencement of works may incur and additional administrative fee.

Acknowledgement And Authorization

Authorised CSCS Representative

Name:	Position held:	Signature:	Date
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Authorised Client Representative

I have read and completed the above information. As the Client Representative I agree on the terms agree within this documentation.

Name:	Position held:	Signature:	Date
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CSCS Contract Variation Form Checklist

The following information is to be filled out by CSCS senior management staff (eg. Snr supervisors/ Zone Managers).

All parties have signed the Contract Variation form?

Commencement date is realistic and can be achieved?

Electronic copies have been saved in S drive?

Are the copies accessible form the CSCS Website ?

Trade establishment has been adjusted to reflect any permanent change?

Contract Variation Number assigned and noted in Register ?

Any other additional comments:

Work scheduler notified to adjust current, and/or create now work order schedule?

CSCS Finance Operations Manager has been notified to adjust the billing?

Signature Required

CSCS Contract Variation Checklist form completed, signed and dated as below.

Name:	Position held:	Signature:	Date