



MIAMI-DADE EXPRESSWAY AUTHORITY

3790 NW 21 St. // Miami, FL 33142

www.mdxway.com

Date: _____

MDX Contract Manager: _____

Title: _____

Miami-Dade Expressway Authority
3790 NW 21st Street
Miami, Florida 33142

PERSONNEL CHANGE REQUEST FORM

MDX PROCUREMENT/CONTRACT NO.: _____

MDX WORK PROGRAM NO.: _____

MDX PROJECT/SERVICE TITLE: _____

Contractor/Consultant: _____

Request For: Contractor/Consultant

Subcontractor/Subconsultant

Request To: Add Personnel

Re-classify Personnel

Employee Name:	
Firm Name:	
Current Job Classification (if applicable):	Proposed Job Classification:
Reason for change:	
THE BELOW ONLY APPLIES TO PROFESSIONAL SERVICES CONTRACTS	
Actual Rate:	MDX Cap Rate:
Current Billing Rate (if applicable):	Proposed Billing Rate:

Effective date of change: _____

PERSONNEL CHANGE REQUEST FORM

SUBMITTAL OF THIS REQUEST CONSTITUTES CERTIFICATION THAT THE PROPOSED PERSONNEL IS AVAILABLE AS REQUIRED FOR THE CONTRACT.

For multiple staff requests use as many copies of the attached format as required

Multiple Staff Change Request Attached: Yes No Number of Pages Attached _____

The below Contractor/Consultant authorized signatory hereby certifies that the information provided is true and correct at the date of submittal of this Personnel Change Request Form.

Contractor/Consultant:

_____	_____
Authorized Signatory	Title
_____	_____
Print Name	Date

GEC Concurrence, as applicable:

_____	_____
Authorized Signatory	Title
_____	_____
Print Name	Date

MDX Approval:

_____	_____
Authorized Signatory	Title
_____	_____
Print Name	Date

* The submittal of this Form must be accompanied by the documentation required by either the Professional Services Agreement or the MDX General Specifications, as applicable.

Copy to: MDX Manager of Procurement & Contract Administration
GEC Program Controls Manager, as applicable

PERSONNEL CHANGE REQUEST FORM

Multiple Staff Change Request

Request For: Contractor/Consultant Subcontractor/Subconsultant

Request To: Add Personnel Re-classify Personnel

Employee Name:	
Firm Name:	
Current Job Classification:	Proposed Job Classification:
Reason for change:	
THE BELOW ONLY APPLIES TO PROFESSIONAL SERVICES CONTRACTS	
Actual Rate:	MDX Cap Rate:
Current Billing Rate (if applicable):	Proposed Billing Rate:

Effective date of change: _____

Employee Name:	
Firm Name:	
Current Job Classification:	Proposed Job Classification:
Reason for change:	
THE BELOW ONLY APPLIES TO PROFESSIONAL SERVICES CONTRACTS	
Actual Rate:	MDX Cap Rate:
Current Billing Rate (if applicable):	Proposed Billing Rate:

Effective date of change: _____



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Date: (A)

MDX Contract Manager: (B) (C)

Title:

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Miami, Florida 33142

PERSONNEL CHANGE REQUEST FORM

MDX PROCUREMENT/CONTRACT NO.: (D)
MDX WORK PROGRAM NO.: (E)
MDX PROJECT/SERVICE TITLE: (F)

Contractor/Consultant: (G)

Request For: Contractor/Consultant (H) Subcontractor/Subconsultant

Request To: Add Personnel (I) Re-classify Personnel

Employee Name: <u> </u> (J)	
Firm Name: <u> </u> (K)	
Current Job Classification (if applicable): <u> </u> (L)	Proposed Job Classification: <u> </u> (M)
Reason for change: <u> </u> (N)	

THE BELOW ONLY APPLIES TO PROFESSIONAL SERVICES CONTRACTS

Actual Rate: <u> </u> (O)	MDX Cap Rate: <u> </u> (P)
Current Billing Rate (if applicable): <u> </u> (Q)	Proposed Billing Rate: <u> </u> (R)

Effective date of change: (S)

PERSONNEL CHANGE REQUEST FORM

SUBMITTAL OF THIS REQUEST CONSTITUTES CERTIFICATION THAT THE PROPOSED PERSONNEL IS AVAILABLE AS REQUIRED FOR THE CONTRACT.

For multiple staff requests use as many copies of the attached format as required

Multiple Staff Change Request Attached: Yes **T** No Number of Pages Attached **U**

The below Contractor/Consultant authorized signatory hereby certifies that the information provided is true and correct at the date of submittal of this Personnel Change Request Form.

Contractor/Consultant: **V**

Authorized Signatory Title

Print Name Date

GEC Concurrence, as applicable: **W**

Authorized Signatory Title

Print Name Date

MDX Approval: **X**

Authorized Signatory Title

Print Name Date

* The submittal of this Form must be accompanied by the documentation required by either the Professional Services Agreement or the MDX General Specifications, as applicable.

Copy to: MDX Manager of Procurement & Contract Administration
GEC Program Controls Manager, as applicable

PERSONNEL CHANGE REQUEST FORM

Multiple Staff Change Request

Request For: Contractor/Consultant Subcontractor/Subconsultant

Request To: Add Personnel Re-classify Personnel

Employee Name:	
Firm Name:	
Current Job Classification:	Proposed Job Classification:
Reason for change:	
THE BELOW ONLY APPLIES TO PROFESSIONAL SERVICES CONTRACTS	
Actual Rate:	MDX Cap Rate:
Current Billing Rate (if applicable):	Proposed Billing Rate:

Effective date of change: _____

Employee Name:	
Firm Name:	
Current Job Classification:	Proposed Job Classification:
Reason for change:	
THE BELOW ONLY APPLIES TO PROFESSIONAL SERVICES CONTRACTS	
Actual Rate:	MDX Cap Rate:
Current Billing Rate (if applicable):	Proposed Billing Rate:

Effective date of change: _____



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Instructions to complete: *Personnel Change Request Form*

Intent:

The intent of this form is to provide the justification for a change in the staff previously approved to comply with the requirements of the Contract

Instructions:

- A) Include the date of the request..
- B) & C) Include the name and title of the MDX Contract Manager
- D) Include MDX Procurement/Contract No. (MDX, RFP, RFQ, ITB, ITN-XX-XX, as applicable).
Example: RFP-13-01; RFQ-13-01; ITB-13-01, as applicable.
- E) Include Work Program Number (112XX.XXX, 836XX.XXX, 874XX.XXX, 878XX.XXX, 924XX.XXX).
Examples: 11211.051, 83608.030, 87404.060, 87801.051, 92405.030.
- F) Include Project/Service Title.
Example: Central Boulevard Reconstruction.
- G) Include the name of the Prime Contractor or Prime Consultant, as applicable.
- H) Mark as appropriate for personnel listed on the specific page.
- I) Mark as appropriate for personnel listed on the specific page.
- J) Include the name of the individual whose approval is being requested.
- K) Include the name of the company the individual works for.
- L) Include the job classification if the individual is currently working under an MDX Contract, otherwise type N/A.
- M) Include the proposed job classification for the individual to provide services under the MDX Contract for which approval is being requested.
- N) Provide a brief explanation to justify the change.
- O) Provide that actual rate for the individual whose approval is being requested.
- P) Include the MDX's cap rate for the proposed job classification being requested.

Instructions to complete:
Personnel Change Request Form

- Q) Include the current billing for the individual under an MDX Contract, otherwise type N/A.
- R) Include the proposed billing rate (the lower of the actual rate or the MDX's cap rate for the proposed job classification).
- S) Provide the date when the change is requested to become effective.
- T) Mark as applicable if the approval is being submitted for one or multiple individuals.
- U) Include the number of additional pages attached if the approval request is for multiple individuals, otherwise type N/A.
- V) Officer authorized to execute this document.
- W) & X) To be completed by the GEC Project Manager as applicable, and MDX, respectively.

Requests for multiple personnel must use instructions F thru Q.