**CHECKOFF LIST – SPP CONTRACT RENEWAL**

SPP Employee Name and W#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Name and W#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_ \_\_

**Renewal *with change* in salary grade, classification, or function**

\_\_\_ DBM Personal Services Contract (1242-2)

\_\_\_ Health Benefits Continuation form

\_\_\_ Minimum Qualification Verification of new class (Completed by Hiring Manager / Contract Monitor)

­\_\_ Written verification of work experience

\_\_ Copy of Licensure, Degree, and/or transcript (if applicable)

**Renewal *with no* change in salary grade, classification, or function**

\_\_\_ DBM Personal Services Contract (1242-2)

\_\_\_ Health Benefits Continuation Form

Hiring Manager’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

**Revised 3/2018**