## JUSTIFICATION FOR IT MASTER SERVICES AGREEMENT (MSA)

## Authorization is required to fill the following MSA:

Agency Name:			
Budget Account #			
Service Level:			
Location of MSA:			
Hourly Rate:			
Name of Supervisor: Telephone Number:			
Fiscal Year MSA Requested:			
Briefly describe the main purpose of this	Please state types of duties and percentage of time spent on		
MSA:	these duties (attach additional information if necessary):		
X 1 250			
Is the MSA critical to:	Is funding available for this MSA?		
	Ŭ YES Ū NO		
Public Safety: If no, please explain:			
Client Care:	ii no, picase explain.		
Essential Services:			
If this MSA is being requested in lieu of filling a vacant position, why is an MSA being requested instead			
of filling the position? If so, what is the position control number of the position not being filled?			
Reason for the urgency to fill and/or consequences of not filling:			
What is the funding source?			
what is the funding source?			
General Fund: %	Fees: %		
Highway Fund: %	Other Funding: %		
Federal Funds: %	Other Funding: %		

AUTHORIZATION			
Agency Name:	Budget Acc	count #	
APPOINTING AUTHORITY APP	ROVAL:		
Agency Appointing Authority	Title	Date	
DEPARTMENT OF INFORMATION	ON TECHNOLOGY APPR	OVAL:	
Approved for hire Not ap	proved for hire		
Department of Information Technolog	v Approval Date		