**APPROVED DOCUMENT—**This document is approved by the Office of the President and Office of the General Counsel for use by the Facility.

# Cover Sheet and Instructions

**CHANGE ORDER**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| PURPOSE OF DOCUMENT: | Post-award contract modification | | | | | |
| CROSS-REFERENCES TO FACILITIES MANUAL (FM): | FM5:13.2 | | | | | |
| CONTENTS: |  | | | | | |
| FOR USE WITH:  (Not Applicable to Some Documents) | ✓ | Long Form  (LF) |  | Brief Form  (BF) |  | Mini Form (MF) |
| COMPLETED BY: | ✓ | Filling In | ✓ | Adding Text |  | No Data Required |
| ITS USE IS: | ✓ | Required |  | Optional | | |

**Completion Instructions:**

1. University completes the form as required while the Work is in progress. See General Conditions Articles 4, 7, and 8.

2. University’s Representative, University and Contractor sign in appropriate places on last page.

3. University signs last under “Approved”.

**Modifications and Additions:**

1. If modifications or additions are proposed, the language must be submitted to Office of the General Counsel for approval prior to issuing the Change Order.

**Comments:**

1. Directed Change Orders may be issued without Contractors signature. See General Conditions Article 7, sub paragraph 7.2.2.

2. The expected rate for worker’s comp on a change order can be calculated using the following formula: Expected Rate = WCIRB base rate by class code X 1.10 X EMR. Current approved WCIRB (Workers Compensation Insurance Bureau of California) rates for specific trades can be obtained from Campus Risk Management. Facilities may register at [www.compline.com](http://www.compline.com), for a fee, to look up EMR for a contractor. Alternatively, the Facility may request the contractor to submit their Compline EMR report with their Change Order Request.

**END OF COVERSHEET AND INSTRUCTIONS**

**CHANGE ORDER**

University of California Facility:

CHANGE ORDER NO. Reference Field Order No.

Project Name:

Project Number: Contract Date:

To Contractor:

Address:

DESCRIPTION OF CHANGE:

Adjustment of Contract Sum: Adjustment of Contract Time:

Original Contract Sum: Original Contract Time: (Days)

Prior Adjustments: Prior Adjustments: (Days)

Contract Sum Prior Contract Time Prior

to this Change: to this Change: (Days)

Adjustment for this Adjustment for this

Change: Change: (Days)

Revised Contract Sum: Revised Contract Time: (Days) Contractor waives any claim for further adjustments of the Contract Sum and the Contract Time related to the above described change in the Work.

**Recommended**: **Accepted**:

By: By:

(Signature of University's Representative) (Contractor Signature)

(Printed Name) (Printed Contractor Name)

Date: Date:

**Reviewed and Recommended**

By:

(Signature of University's Designated Administrator)

(Printed Name)

Date:

**Funds Sufficient:**

By:

(Signature from University's Accounting Office)

(Printed Name)

Date:

**Approved:**

UNIVERSITY: THE REGENTS OF THE UNIVERSITY OF CALIFORNIA

(Printed Name)

By:

(Signature)

(Title)

Date: