

UC Santa Barbara Contracting Out for Covered Services
Carve-Out Justification

The UC is committed to bringing in-house all Covered Services as defined by [Regents Policy 5402: Regents Policy Generally Prohibiting Contracting for Services](#).

Date: _____	Department: _____
Requisition # (if known) _____	Contact Name: _____
Supplier Name: _____	Phone / Email: _____
Requisition Dollar Value: \$ _____	Annual Estimated Dollar Value: \$ _____
Requested Term of Service: _____	
<input type="checkbox"/> This is a new service	<input type="checkbox"/> This is an extension to existing service

1. Provide a detailed description of the services the supplier will provide, in your own words.

2. Where will the work be performed? Please cite specific locations, including any known addresses.

3. How many FTE's will the supplier utilize for this work?

4. Which Covered Service job category might this service be covered by (select all that apply)?

- | | |
|--|--|
| <input type="checkbox"/> Cleaning, Custodial, Janitorial, Housekeeping | <input type="checkbox"/> Building Maintenance (excluding skilled crafts) |
| <input type="checkbox"/> Food services | <input type="checkbox"/> Transportation services |
| <input type="checkbox"/> Laundry services | <input type="checkbox"/> Parking services |
| <input type="checkbox"/> Grounds Keeping | <input type="checkbox"/> Billing and coding services |
| <input type="checkbox"/> Sterile Processing | <input type="checkbox"/> Hospital or nursing assistant services |
| <input type="checkbox"/> Medical Imaging | <input type="checkbox"/> Medical technician services |

None – this may not be a Covered Service

5. Which of the following carve-outs do you feel best represents the justification for contracting out (select all that apply)?

- 1. Emergency:** The services are needed to address an actual emergency. An emergency may include, but is not limited to, the need to prevent the stoppage of University operations or to ensure continuous operations at the University medical centers.
- 2. Quantity:** The employees capable of providing the required services are not available at the University location in sufficient quantity or do not possess the necessary level of expertise, or the services cannot be performed satisfactorily by University employees, or the services are of a specialized or technical nature and the expertise, knowledge, ability and/or equipment required is not available internally. This provision shall be interpreted narrowly and shall not be relied upon to avoid reasonable efforts to hire and train sufficient numbers of University employees.
- 3. Lease:** The services are incidental to a contract for the purchase or lease of real or personal property. This includes services that are to be provided on property that the University has leased to or from a third party or through public private partnerships. This does not include arrangements where the University maintains operational control.
- 4. Occasional:** The services are of such an urgent, temporary, or occasional nature that the delay resulting from their performance by University employees hired under the University’s regular or ordinary hiring process, or the inefficiencies or difficulties in utilizing University employees, would frustrate the University’s goals giving rise to the need for the services. This provision shall be interpreted narrowly and shall not be relied upon to justify the ongoing use of temporary workers.
- 5. Equipment or Location:** The contractor will provide equipment, materials, facilities, or support services that could not be provided feasibly in the location where the services are to be performed. Services at remote facilities, which are those not within a 10-mile radius of a University campus, medical center, or Laboratory, may fall within this exception.
- 6. Clinical:** The services are performed by registry personnel in its clinical operations to address short-term staffing needs, including circumstances where the University’s reasonable recruitment efforts to hire are unable to satisfy ongoing staffing needs.

6. Provide a detailed written justification for how your exception meets the above checked criteria. *If more than one criteria is checked, separate out your justifications to clearly outline which justification you are answering.*

7. By inserting my name below, I hereby certify the foregoing is true and correct to the best of my knowledge.

Supervisor of this work:	Date:
Department Control Point:	Date:

UCSB LABOR RELATIONS ONLY

Recommendation:

Notification to AFSCME Required: Yes No

Applicable Wage Parity Job Code(s):

Reviewed By:

Date: