



WORK ASSIGNMENT REJECTION NOTIFICATION FORM

DATE	AGREEMENT #	SERVICE CATEGORY
CONSULTANT (NAME OF FIRM)		
CONTACT (NAME/TITLE)		
EMAIL	PHONE	
DATE CONTACTED BY COUNTY	WORK ASSIGNMENT # AND TITLE	
REASON FOR REJECTING WORK ASSIGNMENT	PROVIDE A BRIEF EXPLANATION/JUSTIFICATION (Attach additional documentation if needed)	
<input type="checkbox"/> Availability of required staff <input type="checkbox"/> Insufficient resource levels <input type="checkbox"/> Size of project <input type="checkbox"/> Unable to negotiate acceptable fee <input type="checkbox"/> Other (please explain below)		

APPROVED BY CONSULTANT

RECEIVED BY SARASOTA COUNTY

By: _____
CONSULTANT NAME

By: _____
ADMIN AGENT NAME

Date: _____

Date: _____