



Miami-Dade County Public Schools  
Construction Scheduling Services

**PROPOSED STAFF FORM**

(Make copies of this form and submit one form for each Principal and employee)

<b>M-DCPS CONTRACT TITLE:</b> Construction Scheduling Services	<b>TERM CONTRACT #:</b>
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<b>PROPOSER NAME:</b>	<b>Proposal Date:</b> Joint Venture <input type="checkbox"/>
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<b>EMPLOYEE NAME:</b>	<b>TITLE:</b>	<b>CHECK ONLY ONE:</b> <input type="checkbox"/> <b>4A</b> Registered/Certified Professional <input type="checkbox"/> <b>4B</b> Technical Personnel
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<b>% of time to be assigned to the proposed contract:</b>	<b>Years with firm:</b>	<b>Years with other firms:</b>
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<b>PROJECT TYPE</b>	<u>Project Type:</u> <b>3A.</b> Florida Public Educational System, <b>3B.</b> Governmental Agency, <b>3C.</b> Private Sector, <b>3D.</b> Term Contracts for Public Agencies	
	<b>PROJECT TITLE</b> (list up to 5 related projects)	<b>EMPLOYEE'S INVOLVEMENT</b>

**EDUCATION:** (highest level achieved, degree earned, school & year)

**REGISTRATION(S) & LICENSE(S):**

**OTHER QUALIFICATIONS:**

**EMPLOYEE'S ABILITIES** (check all that apply):

<input type="checkbox"/> Baseline/Update Analysis	<input type="checkbox"/> Time Extension Requests	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Time Impact Analysis	<input type="checkbox"/> Change Order Analysis	_____
<input type="checkbox"/> Claims/Delays	<input type="checkbox"/> Market Analysis Reports	_____