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| **Note: This form is to authorize the Contractor to proceed with a change in the work to avoid delays or to deal with imminent health and safety issues.** |
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| Contractor: | Date |
| Project Code: | Change Directive No: |
| Contract Number: |  Contract Title: |

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| **The following is a description of the change (with justification as required):**Provide the scope of work, including justification for the change, and type of pricing that is required (i.e. time and material, fixed price, and unit prices). **Reason for work change directive (check the appropriate box(es)):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ]  Design Discrepancy |  | [ ]  Regulatory Change | [ ]  Variation in Tender Quantities  |  |
| [ ]  Differing Site Condition |  | [ ]  Owner Request | [ ]  Material Change |  |
| [ ]  Design Improvement |  | [ ]  Cost Saving | [ ]  Other |  |

|  |  |
| --- | --- |
| **Contract Time (check appropriate box)** | **Cost Basis (check appropriate box)** |
| [ ]  No Change | [ ]  Change | [ ]  To be determined | [ ]  Time and Material |  |
| If “change” indicated, stipulate contract days added or days deleted | [ ]  Fixed Price |  |
| Days Added |  | Days Deleted |  |  | [ ]  Unit Price |  |

**Drawings/Sketches attached:**List Drawings here, or enter “none”.

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*The Contractor shall proceed with the change in the work as per this Change Directive. The Contractor shall maintain daily time and material records, which shall be reconciled with the Consultant, at the end of each working day. The Contractor’s site superintendent, including the Consultant shall sign the reconciled daily time and material records at the end of each working day and provide copies to the Region immediately upon reconciliation. Upon completion of the change in work as per this Change Directive, the cost of the work will be reviewed in accordance with the Contract Documents. Following agreement by the Region and Consultant on the adjustment on Contract Price and Contract Time (unless otherwise stipulated in this Change Directive), a Change Order will be issued.*

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| **Consultant Recommending Work Change Directive:** |
| Name:  |  |
|  |
| Title: |  |
|  |
| Signature: | Date: |  |
| **Peel Region Acknowledgement:** |
| Name: |  |
|  |
| Title: |  |
|  |
| Signature: | Date: |  |

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