

Policy: AD-05-06

Policy Title: Resource Request Policy

Policy Purpose: Set forth a procedure to be utilized by associates requesting procurement of resources within the department.

Implementation Date: 11/09/2005

Revision Date: N/A

TOWN OF WESTFIELD PUBLIC WORKS DEPARTMENT RESOURCE PROCUREMENT POLICY

This policy will set forth guidelines regarding how associates shall properly notify department supervisory staff regarding the request for procurement of resources. Specifically, this policy is intended to be used by any associate suggesting the need for tools, equipment, personal protective equipment, safety items, etc. that are not part of the department's standard inventory. The department recognizes the need from time to time for associates to make requests for items that are needed to successfully perform work for the department.

All resource requests shall be submitted by associates to their immediate supervisor on the attached "Resource Procurement Request Form". In order for the request to be considered the form must be filled out completely. This requirement will allow for department supervision to properly assess the request and make a determination for approval or disapproval. Once a determination has been made the associate initiating the request will be notified in writing regarding the decision. Items that are approved will be procured by the department through the standard purchasing practices of the department that are in place at the time of approval.

Once the form has been through the entire process and a final recommendation has been made, the associates immediate supervisor will be responsible for logging the request into the "Resource Request" database located on the I: drive.

Bruce A. Hauk, Director
Westfield Public Works

W.P.W.D. Resource Procurement Request Form



Request # _____

Date Requested: _____

Associate Requesting Resource: _____

Description of Resource: _____

Estimated Cost of Resource: \$ _____ 3 Quotes Attached: Y or N

Supervisor's Area

Supervisor Reviewing Request: _____

Supervisor Recommendation: Approved or Disapproved

Supervisor Reasoning: _____

Supervisor's Signature: _____ Date: _____

Operations Manager's Area (if applicable)

Operations Manager Recommendation: Approved or Disapproved

Operations Manager Reasoning: _____

Operations Manager Signature: _____ Date: _____

Director's Area

Director Recommendation: Approved or Disapproved

Director Reasoning: _____

Director's Signature: _____ Date: _____