

Contractor Action Form

This form is used to request an ID number for a new contractor.

Check which type of Contractor applies:

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Contingent Worker

☐

Independent Contractor

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Managed Services

☐

Building Service Providers (BOK)

Requester Information

Name:

Employee ID:

Email:

Phone:

Title:

Contingent Worker/Independent Contractor/Managed Services/Building Service Provider Information

Is this individual a former Enable Midstream Employee? ☐ Yes ☐ No

Has this individual previously been on a contractual assignment with Enable? ☐ Yes ☐ No

Are they a family member or friend of the Enable Sponsor? ☐ Yes ☐ No

If yes, explain current or past relationship:

First Name:

Last Name:

Email Address:

Cell Phone Number:

Assignment Start Date:

Anticipated End Date:

Company/Agency Name:

Work Location:

Position/Assignment Title:

Organization/Department:

Personnel Sub Area:

Enable PO Number:

Average number of hours working per week:

Hourly Bill Rate:

Enable Sponsor's Name:

Sponsor's Contact Number:

Signature of Submitter