



Partner’s Agility Services (PAS) Form

AGREEMENT NUMBER	WORK PLAN LETTER	PARTNER NAME
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DESCRIBE SERVICES PROVIDED TO PennDOT	MEASURE OF WORK UNIT (Ex: hrs, miles)	TOTAL WORK UNITS PROVIDED	STATE ROUTE	FROM SEGMENT/OFFSET	TO SEGMENT/OFFSET	DATE SERVICES PROVIDED

Partner Note: If applicable, each partner must complete the PAS form every two weeks to show the work the partner performed for PennDOT. This form must be sent to the county agility coordinator for work verification and approval. If no work was provided to PennDOT, do not send in the form.

PARTNER'S SIGNATURE	DATE	PARTNER'S NAME (Please Print)	DATE
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