

**NOTICE TO PROCEED,  
SUSPEND, OR RESUME  
WORK ORDER**  
*(Reference FSH 6309.31)*

CONTRACT NUMBER

UNIT

PROJECT

NAME AND ADDRESS OF CONTRACTOR

ORDER NUMBER

DATE ISSUED

**THIS IS YOUR NOTICE TO PROCEED, SUSPEND, OR RESUME WORK ON THE CONTRACT AS NOTED.**

**NOTICE TO PROCEED**

This is your notice to proceed with the work on the above contract for the following items: \_\_\_\_\_.

The time on this contract will start at the beginning of business on \_\_\_\_\_.

**SUSPENSION OF WORK**

You are to suspend work for the following reason(s): \_\_\_\_\_.

Effective close of business \_\_\_\_\_. Item Numbers \_\_\_\_\_.

Type of Suspension     Total     Partial

No charge will be made against contract time for period of suspension.

Full count of contract time will continue.

An equitable adjustment of contract time will be made for period of partial suspension upon resumption of work.

**DO NOT RESUME WORK UNTIL YOU ARE NOTIFIED TO DO SO IN WRITING**

**RESUMPTION OF WORK**

Item Numbers \_\_\_\_\_. Effective Beginning of Business \_\_\_\_\_.

Time charged during period of partial suspension \_\_\_\_\_ calendar days.

SIGNATURE

TITLE

DATE

**PLEASE ACKNOWLEDGE RECEIPT BY RETURNING \_\_\_\_\_ COPY(S) TO USDA, FOREST SERVICE**

SIGNATURE

TITLE

DATE

**INSTRUCTIONS:**

**If mailed to Contractor, send original by Certified Mail – Return Receipt Requested.**

**If delivered in person, have Contractor sign the acknowledgement and retain the original.**