



UMPQUA COMMUNITY COLLEGE
Personal Services Contract

UMPQUA COMMUNITY COLLEGE, hereafter referred to as COLLEGE, and _____, hereafter referred to as CONTRACTOR, agree to the following terms and conditions for the purpose of rendering the following services:

Schedule of Services and Payment: CONTRACTOR will comply with the following schedule in performance of service or delivery of product:

Services to begin (Date): _____ Completion Date: _____

Interim progress payment (optional):

Date _____ Service _____ Amount _____

Date _____ Service _____ Amount _____

PAY TOTAL _____

1. Independent Contractor Certification: Prior to payment rendered, CONTRACTOR certifies:

- A. I am not an employee of Umpqua Community College and have not been employed by COLLEGE in the last twelve (12) months. I therefore waive any and all claims to benefits otherwise provided employees, including, but not limited to: medical, dental, or other health insurances, retirement benefits, unemployment benefits, liability insurance, or workers' compensation insurance.
B. The services provided are not supervised by COLLEGE, and the only demand on time is faithful performance and delivery of described services by specified deadline.
C. I am, am not licensed by the State or other political subdivisions to provide similar services for other customers. My license number is _____. My Federal Tax ID# is _____. If no ID#, give SS# _____.
D. I understand that I am solely responsible for federal and state taxes and social security payments applicable to monies received for services herein rendered. I understand IRS Form 1099 will be filed on payments received when appropriate.
E. No services are to be performed until this certification data is received and approved by the Finance Office and authorized by a purchase order.
F. Payment will be made by the Finance Office after receipt of invoices and verification from the originating department that the specified services have been satisfactorily performed.

2. The parties of this contract understand that an independent CONTRACTOR is not eligible to receive worker's compensation benefits unless said person has obtained coverage for such benefits pursuant to ORS 656.128. If CONTRACTOR is performing the services with the help of others, it is understood that CONTRACTOR is responsible to obtain and maintain in full force workers' compensation insurance for involved parties and file a Certificate of Workers' Compensation with this form.

3. CONTRACTOR agrees to indemnify and hold harmless COLLEGE for any damages, expenses, costs and disbursements, and attorney's fees incurred as a result of CONTRACTOR'S negligence in performance of the services or duties for which he/she is contracted. The COLLEGE strongly recommends that CONTRACTOR has in effect professional liability insurance for protection against errors and omissions in performing this work.

4. Other conditions: _____

Budget Administrator's Signature Date

Contractor's Signature Date

Budget Administrator's Name (type or print)

Contractor's Name (type or print)

Budget Code to be charged

Street Address

VP of Administrative Services Signature Date

City State Zip

Submit to Finance Office signed W9, one signed copy of this agreement and independent contractor checklist. When approved, copies will be returned to department.

Financial Office Use Only	

Finance Office Approval	Date