

PERSONAL SERVICES CONTRACT

The Personal Services Contract and Independent Contractor Checklist must be submitted.

FIRST NAME _____ **M.I.** _____ **LAST NAME** _____ **BANNER ID*** _____
(Print Name As Listed On Social Security Card)

Address (Street or PO Box) _____ **City** _____ **State** _____ **Zip** _____

Email Address

Phone

SEX: M F **RACE:** White Black or African American American Indian

Asian Hispanic / Latino Native Hawaiian

Date of Birth _____ **I attest that I am a Citizenship of the United States:** _____

CONTRACT PERIOD BEGIN DATE ____ / ____ / ____ **AND ANTICIPATED END DATE** ____ / ____ / ____

DETAILED DESCRIPTION OF WORK TO BE PERFORMED: (attach additional page if needed)

Are you currently receiving N. C. State Retirement Benefits? Yes No

If yes, please complete the *Certifying Employee Status Under Retirement Reemployment Laws Form* - [Form ESRR](#) and submit it to the Office of Human Resources, Lumbee Hall, Room 357.

Note: Do not use a Personal Services Contract for payments directly to a business. A requisition will need to be entered and a PO issued before services are rendered and payment made through Accounts Payable. Please contact your departmental Purchasing Specialist with questions.

TYPE OF CONTRACT

INDEPENDENT CONTRACTOR - An individual who is self-employed, controls work schedule, provides own equipment, tools and materials, schedule and timing of work process, and is responsible for completing work within contracted agreement period, and is responsible for their own Federal and State Tax Compliance. For Independent Contractor info clicks or go to: <http://www.irs.gov/pub/ire-pdf/p1779.pdf>

DUAL EMPLOYEE (Currently employed with another North Carolina State Agency): YES NO (Note: If no, do not use form)

NAME OF AGENCY

AMOUNT OF CONTRACT (FLAT RATE): \$ _____ **CONTRACTOR SIGNATURE:** _____

AUTHORIZATION: Note:** *If grant funds are used, the Grant Administrator must review/approve.*

DEPT: _____ **BANNER FUND / ACCT / PROGRAM # (ex.: 170910-21210-170):** _____ - _____ - _____

1. NAME: _____ **TITLE:** _____ **Date:** _____
 FINANCIAL MANAGER APPROVAL

2. NAME: _____ **TITLE:** _____ **Date:** _____
 Appropriate Vice Chancellor or Chancellor

3. NAME: _____ **TITLE:** _____ **Date:** _____**
 GRANT ADMINISTRATOR