

**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

\*VENDOR REGISTRATION FORM MUST BE COMPLETED BEFORE CONTRACT PERIOD  
[https://www.uncp.edu/sites/default/files/2018-07/UNCP\\_Vendor\\_Information\\_form%20\\_10\\_01\\_2016.pdf](https://www.uncp.edu/sites/default/files/2018-07/UNCP_Vendor_Information_form%20_10_01_2016.pdf)