

THE UNIVERSITY OF NORTH CAROLINA AT PEMBROKE  
PERSONAL SERVICES CONTRACT

FIRST NAME M.I. LAST NAME Social Security# or Federal Tax 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.

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>

**REQUIRED**

- (1) Completed Contract
- (2) Independent Contractor Checklist ([Check List Form](#))

**Note: Do not use a Personal Services Contract for payments directly to a business vendor. This type of payment needs to be completed through a purchase order in the Business Services Department with payment made through Accounts Payable directly to business.**

**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: (Must be pre-approved before work begins.)**

DEPT: \_\_\_\_\_

BANNER FUND / ACCT / PROGRAM # (ex.: 170910-21210-170): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

1. NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ EXT: \_\_\_\_\_  
FINANCIAL MANAGER APPROVAL (Dept. Head/Dean or Director/Vice Chancellor)

2. NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ EXT: \_\_\_\_\_  
Appropriate Vice Chancellor or Chancellor

POLICY: Click [Temporary Hiring Policy](#) or go to <http://www.uncp.edu/ba/policies/hr/hr0603.htm>

Revised 11-03-2010