

**REQUEST TO HIRE AN INDEPENDENT CONTRACTOR**

To: Assistant Superintendent, Human Resources

From: \_\_\_\_\_ Department: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Please develop and execute a contract or agreement reflecting the following information:

Independent Contractor/Entity: \_\_\_\_\_

Tax Identification Number: \_\_\_\_\_

Address: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Special Training: Contractor is specially trained, experienced, and competent in the field of \_\_\_\_\_

Services Provided: \_\_\_\_\_  
*[Must provide a one sentence summary and attach a detailed Scope of Services, Exhibit A]*

Date(s) of Service: \_\_\_\_\_

Fee: \_\_\_\_\_  
*[Must attach a detailed Fee Schedule, Exhibit A]*

Is this position grant-funded? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, what is the name and type of grant? \_\_\_\_\_

Provide a one sentence summary of grant: \_\_\_\_\_

Budget: \_\_\_\_\_ %  
*[Provide complete budget number(s)]*

Method of Payment: Warrant based on approved invoice

Payment made to Whom? \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>			
Contractor's Certificate re: Fingerprinting Requirements on File?		YES _____	NO _____
Current W-9 on File?		YES _____	NO _____

Initiator's signature \_\_\_\_\_ Date \_\_\_\_\_

Program Manager's signature \_\_\_\_\_ Date \_\_\_\_\_

Assistant Superintendent's signature \_\_\_\_\_ Date \_\_\_\_\_

Internal Business' authorization \_\_\_\_\_ Date \_\_\_\_\_

Superintendent's authorization \_\_\_\_\_ Date \_\_\_\_\_