



LIMITED SERVICES ENGAGEMENT FORM

Rev 11/08

Organizational units may submit this form with an A114 Request for Payment, for services rendered by an individual contractor. This form may not be used for:

- * a service period exceeding one continuous week per year.
- * a current or former UC employee.
- * a UC student enrolled within the past two years (*minimal* exceptions allowed with prior approval of Director, Tax Compliance -- see financial policy 2.3.1, Payments to Individuals for Services).
- * payment of an academic scholarship or fellowship.

Contractor Information

First Name / Middle Init. Last Name

Social Security Number Date of Birth

US Street Address

City State ZIP Code

If foreign address, please enter here:

Is Contractor a **US citizen**? Yes No **If not**, is Contractor a Lawful Permanent Resident ("green card" holder)? Yes No

NOTE: If the answer to BOTH of the above questions is "No," then the organizational unit should also complete and attach the Foreign Visitor Supplement.

Work Information

Payment is for the following specific services:

Work began on: and ended on:

Total Payment Due:

Contractor Signature _____ Date _____