



# PERSONAL SERVICES CONTRACT

Rev 04/2009

This contract must be signed by **both** the independent contractor and the UC contracting officer or designee **before** the contractor begins work on the project.

## 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 department should also complete and attach the Foreign Visitor Supplement.

Has Contractor been a UC **employee** in the past two years?  Yes  No UCID#, if known

Has Contractor been a UC **student** in the past two years?  Yes  No

## Work Information

Contractor agrees to perform the following specific services:

Work will begin on:  and end by:

Location of work to be performed (check all that apply):  on a UC campus  at Contractor's place of business  outside the US  
 other: please explain:

## Compensation

Fixed amount of

Hourly rate of  Maximum Total:

Other (please describe):  Maximum Total:

Compensation will be charged to the following fund:  and cost center:

# Contractor's Certification and Signature

## TERMS AND CONDITIONS

I hereby certify that, in performing these services, I am not an employee of the University of Cincinnati, nor am I conducting business with the University through a corporation, partnership, limited liability company, or other form of business entity.

I further understand and agree that in providing these services, I am at all times an independent contractor, and not an employee of the University of Cincinnati.

I further agree to abide by pertinent provisions of the Revised Code of Ohio, the Bylaws and Rules of the University of Cincinnati, and the official actions of the Board of Trustees. This contract may be cancelled by the University of Cincinnati upon three days written notice of cancellation mailed to the Contractor (me) at the address given in the Contractor Information section.

I understand that no service may begin until this agreement is consummated, as evidenced by the signatures of the organizational unit approver, the Vice President (if required), the Contracting Officer, and the Contractor (me).

I understand that I am required to submit invoices or time sheets, for work already performed, to the Originating Organizational Unit so that they may begin to process my payment request(s).

Contractor Signature \_\_\_\_\_

Date \_\_\_\_\_

## Originating Organizational Unit

I certify that our organizational unit has already obtained the Contractor's signature on this or another copy of this contract, that we will maintain that copy in our files, and that we will make that copy immediately available to the Contracting Officer upon request.

Please return approved contract to:

Name

Organizational Unit

Mail Location

Organizational Unit Approval by \_\_\_\_\_

Date \_\_\_\_\_

*To submit electronically to VP, save this document with a unique name and send as an e-mail attachment.*

**Vice President's Office** *(Required if total maximum compensation exceeds \$5,000. Individual VP offices may implement a lower threshold.)*

VP / Designee Approval by \_\_\_\_\_

Date \_\_\_\_\_

## Contracting Officer

Contracting Officer / Designee Approval \_\_\_\_\_

Date \_\_\_\_\_