

5487 North 99th Avenue • Glendale, Arizona 85305

CONSULTANT AND PROFESSIONAL CONTRACT SERVICES

This is to certify that	:	agrees to
(Consultant's Nan	ne)	
Perform consultant services in the		
(Program 1	Name)	
Program held at(Site/Location)	on the basis of	hours
For days. The dates o	f service are	
Scope of work		
The total fee is		
Consultant's Name	Consultant's Signature	
Street Address	Date	
City, State, Zip	Social Security / Tax I.D. #	
Approved	(Administrator i	n Charge)
Account Code	Budget Approval	
I certify that I am in independent contractor as define worker's compensation coverage. I hold West-MEC claims against the district. This agreement does not oparties. I agree to be an independent contractor and rincluding, but not limited to the application of the Fapayments, Federal Insurance Contribution Act, the SAct, the provisions of the Internal Revenue Code, and Code.	District #402 harmless and waive any create an employee/employer relationsh not an employee of the District for all pair Labor Standards Act minimum wag social Security Act, the Federal Unemped State of Arizona Department of Revenue.	rights or nip between the ourposes, e and overtime loyment Tax
Consultant's Signature	Date	