



5487 North 99th Avenue ▪ Glendale, Arizona 85305

PROFESSIONAL CONTRACT SERVICES

(Consultant, Independent Contractor, Externships,
Adult & Student Interns)

This is to certify that _____ agrees to
(Name)

perform services in the _____
(Program Name)

Program held at _____ on the basis of _____ hours
(Site/Location)

for _____ days. The dates of service are _____

Scope of work _____

The total fee is _____

Name

Social Security/Tax I.D. #

Street Address

City, State, Zip

Phone #

Emergency Contact Person

Emergency Phone #

Approved _____ (Administrator in Charge) HR Signature _____

Account Code

Budget Approval

I certify that I am in independent contractor as defined in ARS 23-902(C) and that I do not require worker's compensation coverage. I hold West-MEC District #402 harmless and waive any rights or claims against the district. This agreement does not create an employee/employer relationship between the parties. I agree to be an independent contractor and not an employee of the District for all purposes, including, but not limited to the application of the Fair Labor Standards Act minimum wage and overtime payments, Federal Insurance Contribution Act, the Social Security Act, the Federal Unemployment Tax Act, the provisions of the Internal Revenue Code, and State of Arizona Department of Revenue Tax Code.

Signature

Date

Consultant/Ind. Contractor/Externships/
Adult & Student Intern