

REQUEST FOR PERSONAL/CONSULTANT SERVICES for Independent Contractors

A Personal Services Contract is used when hiring an Independent Contractors. Please complete the requested information, attach a description of and justification for services, copy of the service provider's business letter or contract and Form W-9 (Request for Taxpayer Identification Number and Certification). Complete the request form at least two (2) weeks prior to the effective date of the services to allow time for approvals. Forward this information to Human Resources for approval.

Note: An Independent Contractor can not be a permanent employee of NCSSM based on IRS policy. Complete the Independent Contractor Determination Classification Documentation to confirm Independent Contractor status.

Check beside funding source

Date of Request:	Department Name:	NCSSM State	
Type of Services:		NCSSM Foundation	
Dates of Services:	From: _____ To: _____	NCSSM SCSSI	

Name of Service Provider:	
Address of Service Provider:	

Funding Information	
Compensation Pay:	_____ Total Compensation Pay
If more than one payment will be made, give dates and amounts of each payment.	Date: _____ Amount: _____
	Date: _____ Amount: _____
Salary Source Account # or Foundation/SCSSI Fund	
Position Number if using Lapsed Salary:	If using split funds, identify the fund and dollar amount for each fund:

Requested By (Program Manager):	Extension:
Check to Confirm Attachments: Description/Justification _____ Evidence of IC Status _____ W-9 _____ Criminal Background Check (Electronic Submittal) _____ Contracted Services Checklist _____ Independent Contractor Classification Documentation _____ Payroll Budget Form _____	

DEAN/DIRECTOR SIGNATURE **DATE** **VICE CHANCELLOR SIGNATURE** **DATE**

****FORWARD TO HUMAN RESOURCES FOR APPROVAL AND FINAL SIGNATURES**

To be completed by Human Resources:

Is Independent Contractor subject to Back-Up Withholdings? (found on W-9) Yes _____ No _____ If yes, submit to Payroll for calculation.

Total Budget Obligation: _____ - _____ = _____
Compensation Back-Up Withholdings Payment to Service Provider (Charged to Budget)

Approved By Human Resources: _____ Date: _____

FUNDING APPROVER DATE (CIRCLE) STATE/FED FOUNDATION SCSSI	CHANCELLOR OF NCSSM DATE (CHANCELLOR COMPLETES BASED ON FUNDING) Y/N				
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