

THE UNIVERSITY OF NORTH CAROLINA AT PEMBROKE
PERSONAL SERVICES CONTRACT

The Personal Services Contract and Independent Contractor Checklist must be submitted **two (2) weeks** prior to event date.

FIRST NAME M.I. LAST NAME BANNER ID* (ss# not accepted)
(Print Name As Listed On Social Security Card)

Address (Street or PO Box) City State Zip

Email Address

Phone

SEX: M F RACE: White Black or African American American Indian
 Asian Hispanic / Latino Native Hawaiian

Date of Birth I attest that I am a Citizenship of the United States:

CONTRACT PERIOD BEGIN DATE ____ / ____ / ____ AND ANTICIPATED END DATE ____ / ____ / ____

DETAILED DESCRIPTION OF WORK TO BE PERFORMED: (attach additional page if needed)

Are you currently receiving N. C. State Retirement Benefits? Yes No

If yes, please complete the *Certifying Employee Status Under Retirement Reemployment Laws Form* and submit it to the Office of Human Resources, Lumbee Hall, Room 357.

Note: Do not use a Personal Services Contract for payments directly to a business. A requisition will need to be entered and a PO issued before services are rendered and payment made through Accounts Payable. Please contact your departmental Purchasing Specialist with questions.

TYPE OF CONTRACT

INDEPENDENT CONTRACTOR - An individual who is self-employed, controls work schedule, provides own equipment, tools and materials, schedule and timing of work process, and is responsible for completing work within contracted agreement period, and is responsible for their own Federal and State Tax Compliance. For Independent Contractor info clicks or go to: <https://www.irs.gov/businesses/small-businesses-self-employed/independent-contractor-self-employed-or-employee>

DUAL EMPLOYEE (Currently employed with another North Carolina State Agency): YES NO (Note: If no, do not use form)

NAME OF AGENCY

AMOUNT OF CONTRACT (FLAT RATE): \$ _____ CONTRACTOR SIGNATURE: _____

AUTHORIZATION: ALL SIGNATURES ARE REQUIRED. Note:** *If grant funds are used, the Grant Administrator must review/ approve.*

DEPT: _____ BANNER FUND / ACCT / PROGRAM # (ex.: 170910-21210-170): _____ - _____ - _____

1. NAME: _____ TITLE: _____ Date: _____
FINANCIAL MANAGER APPROVAL

2. NAME: _____ TITLE: _____ Date: _____
Appropriate Vice Chancellor or Chancellor

3. NAME: GRANT ADMINISTRATOR _____ TITLE: _____ Date: _____**

*UNCP VENDOR FORM MUST BE COMPLETED BEFORE CONTRACT PERIOD
https://www.uncp.edu/sites/default/files/2018-07/UNCP_Vendor_Information_form%2010_01_2016.pdf