

**University of North Florida
TRAINING & SERVICES INSTITUTE, INC.
INSTITUTE OF POLICE TECHNOLOGY AND MANAGEMENT
12000 Alumni Drive, Jacksonville, Florida 32224-2678**

Independent Contractor Agreement and Check Requisition

Distribution: Submit this completed form and two copies.

Date _____

I. PAYEE INFORMATION

Is Payee a new vendor? No Yes



Social Security No. _____

Payee Name _____

or Federal Employer ID No. _____

Mailing Address _____

City/State/Zip _____

II. NON-RESIDENT ALIEN INFORMATION

Is Payee a Non-Resident Alien? Yes No

If yes, VISA type _____ VISA No. _____ Country (Perm. Res.) _____ No. of days visiting US _____

Attach a copy of Form 1001. Payments to nonresident aliens may be subject to income tax withholding of 30% except when lower treaty withholding rates or treaty exemptions apply.

Will exemption from withholding be claimed? Yes No

If yes, type of exemption to be claimed Personal exemption or Tax treaty with country of permanent residence

III. UNIVERSITY EMPLOYEE SALARY SUPPLEMENT INFORMATION (formerly Chancellor's Memorandum 93.19)

Is Payee an employee of the State of Florida University System? Yes No

If yes, submit a University Employee Salary Supplement Check Requisition Form and attach this IC agreement.

If no, use only this IC agreement for payment to the independent contractor.

IV. ACCOUNT INFORMATION **GL Code (Check One)**

Course No. _____ _____ 5101 Contract Labor _____ 5160 Royalties

_____ 5150 Instructor _____ Other _____

V. SERVICE AGREEMENT AND COMPENSATION

On this _____ day of _____, _____, this agreement was entered into by Leonard R. Jacob, representing the Institute and _____, representing the Payee. The Payee, an independent contractor, agrees to perform the following services (furnishing all labor) at the Payee's risk and to the Institute's satisfaction on the date(s) stipulated below:

Date Services to Begin _____ **Date Services to End** _____ **Total Compensation \$** _____

Description of Services _____

VI. GENERAL CONDITIONS/INSTRUCTIONS

This agreement does not create an employer/employee relationship between the parties. It is the parties' intention that the contractor will be an independent contractor and not the Institute's employee 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, the Florida Revenue and Taxation Law, the Florida Worker's Compensation Law, and the Florida Unemployment Insurance Law. The contractor will retain sole and absolute discretion in the judgment of the manner and means of carrying out the Institute's activities and responsibilities here under. The contractor agrees that it is a separate and independent enterprise from the Institute, that it has full opportunity to find other business, that it has made its own investment in its business, and that it will utilize a high level of skill necessary to perform the work. This agreement shall not be construed as creating any joint employment relationship between the contractor and the Institute, and the Institute will not be liable for any obligation incurred by the contractor including, but not limited to, unpaid minimum wages and/or overtime premiums.

VII. INDEPENDENT CONTRACTOR ACCEPTANCE

Payee's Signature _____ Date _____

IPTM Management's Signature _____ Date _____

VIII. PAYMENT AUTHORIZATION

Both parties certify that the above services have been rendered in accordance with the above agreement. All parties must sign and date after services are completed.

Payee's Signature _____ Date _____

IPTM Management's Signature _____ Date _____

Date to be paid _____

IPTM Preparer's Signature _____ Date _____

TSI Accountant's Signature _____ Date _____

TSI Administrator's Signature _____ Date _____