



# Employment Agreement for an Independent Contractor

This form is to be completed by the proposed Independent Contractor and must be accompanied by a W-9, if one is not already on file. If approved, invoices detailing the work performed will be presented to the Program Manager of the Program listed below for submission to United Charitable. The Independent Contractor will receive a 1099Misc at the end of the year for tax purposes. Submission of an Employment Agreement or invoice does not guarantee approval and/or payment by United Charitable. United Charitable reserves the right to terminate this Employment Agreement at any time.

Program Name: \_\_\_\_\_ Program #: \_\_\_\_\_

Contractor Name: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_

Street Address: \_\_\_\_\_ Email: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

What work do you propose to do? Please provide specific details (attach separate sheets as necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your proposed compensation per hour? \$ \_\_\_\_\_

Hourly compensation only, no percentages or flat fees allowed. Please submit a resume for compensation of \$25.00 or more per hour.

What is your proposed date frame for this Employment Agreement? \_\_\_\_\_

Please note that this agreement is **valid only for one year** after the United Charitable approval date.

How do you justify receiving this compensation? Is it based on earnings history, difficulty of task, etc.? Please provide specific details as to why you should receive the compensation rate listed above:

\_\_\_\_\_  
\_\_\_\_\_

Are you the Program Manager?      No                      Yes (If Yes, please skip the following three questions.)

Do you certify that:

1. Are not using office space furnished by the Program?
2. Are not using tools furnished by the Program?
3. Are not spending certain time in a location required by the Program?

These statements are:      True                      False (please explain): \_\_\_\_\_

The maximum extent of the source of funds to pay the Independent Contractor is limited to such funds as are credited to the account of this Program at United Charitable, not the assets generally of United Charitable. You agree to indemnify and hold harmless United Charitable (including legal fees) if you assert a claim against any assets of United Charitable other than the funds designated for this Program. **Please Initial:** \_\_\_\_\_

Contractor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Program Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>OFFICE USE ONLY</b> - Authorized Initials: _____ Date: _____
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