

GLENDALE COMMUNITY COLLEGE DISTRICT
BUSINESS SERVICES
 1500 North Verdugo Road
 Glendale, California 91208
 (818) 240-1000, Ext. 5124

DISTRICT USE ONLY				
P.O. No.				
Date of Board Meeting				
Account Number				
Fund (2)	Program (4)	Sub Program (1)	TOPS (6)	Object (4)

PERSONAL SERVICES AGREEMENT

Date _____

GLENDALE COMMUNITY COLLEGE DISTRICT, hereinafter referred to as "District" and

hereinafter referred to as "Contractor",

WITNESSETH: The parties mutually agree as follows:

- Contractor agrees to perform the following services. (Please specify type of services):

- District agrees to pay:

Date(s) of Service	Hourly Rate	# of Hours	Total	Flat Rate or Not to Exceed
		X		

- Contractor agrees to save and hold the District harmless from any liability incurred by reason of damage to property or injury to persons arising out of the Contractor's performance of the services authorized by this agreement.
- Contractor represents that he/she is not an employee of the District and will not be an employee of the District at any time during the term of this Agreement and further attests that he/she is legally eligible to perform and be remunerated for the services performed under this agreement
- It is understood that neither the Contractor nor the employees (if any) of the Contractor are covered by Workers' Compensation Insurance carried by the District.
- Contractor is hereby informed that pursuant to California Senate Bill 542 passed into law in the 1999-2000 session, the District must report independent contractor information to the Employment Development Department (EDD).
- A Personal Services Agreement and Contractor's Payment Request/Invoice or personal invoice is required for payment.**

In Witness Whereof, the Board of Trustees of the GLENDALE COMMUNITY COLLEGE DISTRICT has authorized this Agreement to be executed by its authorized Representative.

CONTRACTOR

GLENDALE COMMUNITY COLLEGE DISTRICT

 SIGNATURE (Please sign in "blue" ink)

 SIGNATURE (Please sign in "blue" ink)

SSN/FEIN No. _____

 PRINT NAME AND TITLE

Street/City/Zip _____

Phone(s) _____

Email _____