



Agreement for Consultant/Coordinator Services

It is hereby agreed between the parties signing this document that the consultant/coordinator will provide services detailed below to Saginaw Intermediate School District, thereafter referred to as SISD, according to terms and conditions herein.

The consultant/coordinator agrees to provide consultant services at the location and specifics set forth below:

Consultant/Coordinator:			
Type of Services: (detailed description)			
Location:			
Date(s) of Service :		Time:	

In return for the Instruction service, SISD agrees to pay the instructor a fee of: <i>(fees are all inclusive)</i>	\$
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It is further understood that in the event the consultant/coordinator fails to provide the scheduled service for any reason, no fees or reimbursements will be paid by SISD. Payments will not be made by SISD until services have been rendered. Saginaw ISD has the ability to cancel sessions due to low enrollment, weather, or other unforeseen circumstances. No payments will be made to consultant/coordinator if workshop has been cancelled. The consultant/coordinator agrees that no services will be provided to students on a regular or continuous basis. The consultant/coordinator further agrees they are an Independent Contractor and not an employee of SISD.

Account Number to be charged:	
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Any modification or addition to this agreement are listed below:

The coordinator/consultant also agrees to follow all of the following policies: (Copies of the policies can be requested before services are rendered.)

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| Right to Know | Corporal Punishment – Board Policy | Harassment Policy |
| Asbestos Management Program | Child Protection – Board Policy | Ethics – Board Policy |
| Freedom of Information Act – Board Policy | | |

The parties signing below hereby agree to all terms and conditions of this agreement.

Consultant/Coordinator Signature:		Date:	
SS# or Federal ID#: <i>(Attach W-9 form)</i>			
Consultant/Coordinator Address:			
Email Address:			
Phone Number			

SISD Administrator is requesting approval of services and is requesting waiver of Liability and Workers' Compensation Insurance. Administrator also acknowledges there is available budget in the above mentioned account to pay for this service.

SISD Administrator's Signature:		Date:	
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SISD Superintendent's Signature:		Date:	
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