

**REED COLLEGE
PERSONAL SERVICES AGREEMENT**

By this agreement we are pleased to confirm herewith a contract between _____,
an independent contractor, and Reed College. This contract covers the period from _____,
to _____, _____ and is for services as _____

It is agreed that payment for services rendered will be \$ _____ per hour or \$ _____ per _____.

Payment will be made as indicated below, provisional on satisfactory completion of the contracted services (check one):

- Based on percentage of completion as billed; or
- In equal installments of \$ _____, with the first installment to be paid on _____, _____ and
subsequent installments _____ thereafter, with the last payment to be made on _____, _____; or
(monthly/quarterly)
- According to the following schedule:

Date	\$		Date	\$
Date	\$		Date	\$

A completed disbursement request must be submitted to the Reed College Business Office for payment to be made.

It is understood that details of the work to be performed under this contract have been discussed and agreed upon by the contractor and

Mr./Ms. _____, Title _____

Department _____ of Reed College.

In performing the above services it is understood and agreed that:

1. The Contractor is performing services on an independent contract basis.
2. The Contractor will be responsible for any Federal and State taxes applicable to this payment.
3. The Contractor will not be eligible for any of the normal College personnel benefits, including Federal Social Security, Unemployment Compensation, Retirement, Disability Insurance, Medical Insurance, Worker's Compensation, or any other benefits provided only for employees.
4. Reed College will report annually the total of all payments to the Contractor on an IRS form 1099 or other prescribed form in accordance with applicable Federal Internal Revenue Service and State of Oregon Department of Revenue Regulations.

Contractor (All boxes must be completed)

Signature	Date
Please Print Name	Soc. Sec. No.

Address _____ City _____ State _____ Zip _____

Department Approval

Signature	Date
Charge Department Name	ORGN/ACCT

Office Use Only

Vice-President/Treasurer	Date	Controller	Date
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Reed ID#	nn-05/09
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