

UNIVERSITY of WISCONSIN
LA CROSSE
 UNIVERSITY OF WISCONSIN-LA CROSSE
 ACADEMIC SUPPORT SERVICES AGREEMENT

Use of this form:

Agreement No:

The University of Wisconsin-La Crosse secures the personal services of individuals and business entities through one of two methods: an employer-employee relationship (hire) or an agreement with an independent contractor. Independent contractors may include speakers and guest lecturers in a non public setting. Officials for athletic events and contest judges may also be considered independent contractors. An independent contractor is not eligible for fringe benefits and is not subject to State liability protection or eligible for Workers and Unemployment Compensation. Generally, an independent contractor situation exists if the service is provided regularly and continuously to the general public, and the service is the principal source of livelihood or profit. The institution may not control how the work must be done, only the result of the work. An independent contractor may be an individual, a group of individuals or a business entity. If the service desired is available from more than one source, competitive procurement rules apply and purchasing bid and waiver regulations must be followed. Some services provided by independent contractors represent special talents needed by the UW System on a temporary basis to fulfill its missions of instruction, research and public service. If the service is from an independent contractor and is a unique, noncompetitive activity supporting instruction, research, or public service, it will be considered an Academic Support Service, and this form shall be used to contract for the service.

This agreement is entered into between the Board of Regents of the University of Wisconsin System on behalf of the University of Wisconsin-La Crosse (hereafter University) and the Contractor:

Contractor's Name <input style="width: 90%;" type="text"/>	
Business Name (if applicable): <input style="width: 90%;" type="text"/>	
Address: <input style="width: 80%;" type="text"/>	*Social Security No: <input style="width: 100%;" type="text"/>
City/State/Zip: <input style="width: 80%;" type="text"/>	or Fed. Empl ID No: <input style="width: 100%;" type="text"/>
Indicate Visa Status if not U.S. citizen <input style="width: 100%;" type="text"/>	
<i>(*sole proprietor, please provide SSN)</i>	

PERFORMANCE PERIOD	COMPENSATION INFORMATION
Beginning Service Date: <input style="width: 100%;" type="text"/> Ending Service Date: <input style="width: 100%;" type="text"/> Location (Building, Room)" <input style="width: 100%; height: 40px;" type="text"/>	Fee not to exceed: <input style="width: 100%;" type="text"/> Expenses not to exceed: <input style="width: 100%;" type="text"/> List expenses to be paid: <input style="width: 100%; height: 30px;" type="text"/> UW-L account to be billed: <input style="width: 100%;" type="text"/>

PAYMENT TERMS	LIAISON
Payment will be made within 30 days of completion of services or other (please specify): <input style="width: 100%; height: 50px;" type="text"/>	Represents the University's interest and related considerations as outlined in this agreement. Liaison's Name: <input style="width: 100%;" type="text"/> Department: <input style="width: 100%;" type="text"/> Telephone: <input style="width: 100%;" type="text"/>

MANDATORY--SCOPE OF SERVICE (Identify type of service and any conditions. Attach appendix if needed):

CONTRACTOR ACCEPTANCE

I agree to the standard terms and conditions which are found at <http://www.uwlax.edu/uploadedFiles/Offices-Services/Rick-Contracts/Standard%20Terms%20and%20Conditions.pdf>. I verify that I am duly qualified and willing to perform the services as an independent contractor. The fees under this Agreement do not exceed my normal and customary rate. I certify, under penalty of perjury, that the Social Security Number or Federal Employer Identification Number provided is correct, that I am not subject to backup withholding due to failure to report interest and dividend income, and that I am a U.S. person. I am not a current University of Wisconsin System employee nor have I been a UW System employee during this calendar year.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

FORTHE CONTRACTOR:

Signature

Name Printed or Typed

Title

Telephone Number

Date

FOR THE DIVISION/COLLEGE:

Dean/Division Director

Date

FOR THE BOARD OR REGENTS OF THE UNIVERSITY OF WISCONSIN SYSTEM:

University of Wisconsin-La Crosse

Robert J. Hetzel
Vice Chancellor for Administration and Finance

Date

And / Or

Scott Holzem
Contract Administrator

Date