



Sequatchie Valley Planning & Development Agency

SEQUATCHIE VALLEY HEADSTART

1510 Cedar Ave P.O. Box 769 • So. Pittsburg, TN 37380-0769

(423) 837-6724 • FAX (423) 837-9369

CONSULTANT/CONTRACTOR AUTHORIZATION FORM CONTRACT LABOR SUBSTITUTE / BUS AIDE

Date: _____

NOTE: This form is to be used for temporary help who are not responsible for child safety or supervision. The contract period specified by this form must not exceed six (6) weeks unless a Policy Council meeting is not scheduled within those six (6) weeks.

1. Component making request: _____

2. Consultant: _____

3. SS#: _____ Optional EIN: _____

4. Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____

5. Purpose (define work scope) Contract cleaning and assisting classroom supervision. Position cannot be solely responsible for children since entire personnel record including physical may not be available: _____

6. Other Consultants or Contractors contacted: _____

7. Reason(s) for selecting Consultant or Contractor: _____

8. Rate of compensation (Contract): _____ NOTE: Generally rate is \$30-\$40 for the entire school day (including transportation or cleanup); ½ day rate is usually \$20.

9. Total compensation not to exceed (Contract) (should be less than \$500 total): _____

10. Contract period: Start: _____ End: _____

Requested by: _____ Date: _____

Approved by: _____ Date: _____

I agree to be bound by and honor of confidentiality policies of the Sequatchie Valley Planning & Development Agency, in relation to personally identifiable client information, which the consultant has access to, or generates as a result of this contract. I certify that the above information is correct. I further certify that I am being retained by the Sequatchie Valley Planning and Development Agency as a self-employed consultant/contractor. As self-employed, I will file the appropriate Internal Revenue forms if needed for FICA and I am responsible for my own tax return although a form 1099 may be mailed to me if required. I will hold the Agency harmless for any personal injury or property damage which results from the activities performed. A simple invoice or statement for service will be provided to the Agency which should have adequate detail of time to justify the expenses charged to the program.

Consultant/Contractor Signature

Date

Adm 10 ; rev.09/95

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