



WENATCHEE SCHOOL DISTRICT
PO BOX 1767
WENATCHEE, WA 98807-1767

Send invoice or Work Verification Form to Accounts Payable with an authorizing signature after work is completed.

INDEPENDENT CONTRACTOR AGREEMENT

- 1. PARTIES. The Parties to this Independent Contractor Agreement are the Wenatchee School District #246 ("District") and _____ ("Contractor"). No employee relationship is established by this Agreement and no assumption of liability by the Wenatchee School District is implied or expressed. This contract is effective beginning _____ and will terminate on _____ unless mutually extended in writing.
- 2. DESCRIPTION OF SERVICE(S) PERFORMED: *(please be specific)* _____

3. CONTRACTOR FEES Fixed Fee of \$ _____ , OR Daily Rate of \$ _____ for _____ , days, OR Hourly Rate of \$ _____ for _____ , hours.	Basic Contract Cost \$ _____
	Additional Fees <i>(please list)</i> 1. _____ \$ _____ 2. _____ \$ _____ 3. _____ \$ _____ 4. _____ \$ _____ Total Additional Fees \$ _____ Total Contractor Fees \$ _____

- Payment will be made within 30 days upon receipt of approved invoice or Work Verification Form by Accounts Payable.
- If there will be unsupervised contact with students; contractor must complete background check process with North Central ESD prior to beginning any work for the Wenatchee School District.

UBI-Unified Business Identification number

This number is for State tax purposes. Per RCW 82.32.030 subsection 2, I understand I am not required to have a UBI number if I meet **all** of the following conditions:

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| 1. My gross annual income in the State of Washington as an independent contractor is less than \$12,000 before expenses. | 4. I do not perform services that require sales tax. |
| 2. I do not sell any items at retail. | 5. I do not collect or pay other taxes to Department of Revenue. |
| 3. I do not repair, install, alter, decorate, clean, construct or improve any real or personal property. | 6. I do not obtain renewable licenses with Master License |
| | 7. A trade name or DBA will not be used. |
| | 8. I have no plans to hire employees within 90 days. |

I certify that I meet **all** of the above conditions and that I am **not** a Wenatchee School District employee.

Signature _____ Date _____

"OR"

I do not meet the above conditions and will provide the school district with my UBI number. (See below)

If I do not obtain a UBI number and I meet the conditions listed above, I understand I will be paid through Payroll and will need to complete additional paperwork.

CONTRACTOR

DISTRICT

Signature _____ Date _____

Principal/Director Signature _____ Date _____

Address _____ Phone _____

Budget Number _____

City, State, Zip _____

UBI Number _____

Social Security Number _____

The Wenatchee School District complies with all federal and state rules and regulations and does not discriminate on the basis of race, color, national origin, creed, sex, sexual orientation, including gender identity, disability, familial status, marital status or age. This holds true for all staff and for students who are interested in participating in educational programs and/or extracurricular school activities. Inquiries regarding compliance and/or grievance procedures may be directed to RCW Officer and ADA Coordinator Mr. Steve Cole.

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND INELIGIBILITY

If federal funds are the basis for this contract, the Contractor certifies that neither it nor its principals are presently debarred, declared ineligible, or voluntarily excluded from participation in transactions by any federal department or agency (www.epls.gov)

CONTRACTOR INITIAL HERE _____