

ASUCD INDEPENDENT CONTRACTOR AGREEMENT

This agreement is made between The Regents of the University of California ("University") on behalf of its Associated Students of the University of California, Davis _____ ("ASUCD"), and

(Name) _____ ("Independent Contractor").

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- 1. The period of this Agreement shall be from _____ to _____.
- 2. The Independent Contractor shall perform the following services to the best of his/her ability:

If services are not performed solely to the satisfaction of ASUCD, ASUCD may terminate this agreement immediately upon written notification to the Independent Contractor.

- 3. The Independent Contractor shall be paid \$ _____.
- 4. This agreement may be terminated by either the Independent Contractor or ASUCD upon five (5) working days written notice to the other party of its intention to terminate and the specific termination date.
- 5. If this agreement is terminated at any time during the agreement period, the Independent Contractor will be compensated for all completed services rendered up to and including his/her last day of service. ASUCD reserves the right to determine what shall be deemed completed services.
- 6. Parties agree that in the performance of this agreement the Independent Contractor will not be an agent or employee of the University (including ASUCD) and will not be covered by the University's Worker's Compensation Insurance or Unemployment Insurance nor be entitled to any other University benefits except student benefits to which he/she may otherwise be entitled.
- 7. ASUCD Student Services Office may require that check(s) be picked up in the ASUCD Student Services Office with proper identification.
- 8. The Independent Contractor agrees to defend, indemnify and hold harmless the University (including ASUCD) from and against any and all liability, loss, expense, attorney's fees, or claims for injury or damages arising from the performance of this Agreement, but only in proportion to and to the extent such liability, loss, expense, attorney's fee, or claims for injury or damages are caused by or result from the negligent or intentional acts or omissions of the indemnifying party, its officers, agents, or employees.
- 9. This Agreement contains all the terms agreed upon by both parties and may not be amended except in writing and signed by both parties.

Independent Contractor (signature)

ASUCD Activity Director or Designee

Social Security Number

Date

Date

ASUCD Business Manager

U.S. Citizen ___ Yes ___ No

Date

PERMANENT ADDRESS

Street

City **State** **Zip Code**

Phone Number

Pursuant to the Federal Privacy Act of 1974, you are hereby notified that disclosure of your social security number is required pursuant to Sections 6011 and 6051 of the Subtitle F of the internal Revenue Code and pursuant to Regulation 4, Section 404, 1256, Code of Federal Regulations, under Section 218, Title II of the Social Security Act, as amended. The social security number is used to verify your identity. The principal uses of the number shall be to report payments and income taxes withheld to Federal and State governments.