

**Salinas Union High School District
Independent Contractor/Consultant Performance Agreement**

This agreement is entered into between the Superintendent (or designee) of the Salinas Union School High District, hereinafter called the "Superintendent", and _____ hereinafter called the "Consultant". The Superintendent and the Consultant agree:

I. SERVICE TO BE RENDERED BY THE CONSULTANT:

Include documents to be produced, location of presentations & participants if a workshop

1. _____
2. _____

II. PERIOD COVERED BY THIS AGREEMENT:

From: _____ To: _____
From: _____ To: _____

III. FINANCIAL ARRANGEMENTS:

Budget Codes:	%	Fee Breakdown
1. _____	_____	Expenses \$ _____
2. _____	_____	Honorarium \$ _____
3. _____	_____	Total Fee \$ _____

IV. INDEPENDENT CONTRACTOR:

In the performance of the work herein contemplated, the Consultant is an independent contractor, with the authority to control and direct the performance of the details of the work, the Superintendent being interested only in the results.

V. EMPLOYEE BENEFITS:

The Consultant understands and agrees that he/she and all of his/her employees are not employees of the Salinas Union High School District and are not entitled to benefits of any kind normally provided to employees of the District and/or to which the District employees are normally entitled, including but not limited to State Unemployment Compensation or Workers' Compensation. The Consultant shall assume full responsibility for payment of all Federal, State, and local taxes or contributions including unemployment insurance, social security, and income taxes with respect to Consultant and Consultant's employees.

VI. HOLD HARMLESS:

The Consultant agrees to defend, indemnify and hold harmless the Superintendent, the Board of Trustees employees and agents of the School District from any and all liability or loss arising in any way due to Consultant's negligence in the performance of this agreement, including but not limited to any claim due to injury and/or damage sustained by Consultant and/or Consultant's employees or agents.

CONSULTANT:

I hereby verify that I have not, or will not, receive pay for the same service for days of service by any other public agency, AND I AM NOT AND HAVE NOT BEEN AN EMPLOYEE OF THE SALINAS UNION HIGH SCHOOL DISTRICT.

Circle correct wording: Fingerprints are are not required.

(If fingerprints are required it is the site's responsibility to have the individual contact Human Resources)

By: _____

 Consultant's Signature Date

 Consultant's Printed Name

 Consultant's ID or Soc. Sec. Number

 Street Address or P.O. Box

 City, State, Zip Code

 Phone # _____

Approved: _____

 Site Administrator Date

 Special Project Administrator Date

 Assistant Superintendent of Human Resources Date

 Manager of Business Services/CBO Date