Clear Form

Tamalpais Union High School District
395 Doherty Drive
Larkspur, CA 94939

Professional Expert Agreement

A Site/Department completes this section
Note: All Professional Expert work require clearances and other employment documents. Allow, at least, two weeks prior to the stated start of this agreement to obtain clearances.

The Tamalpais Union High School District agrees to contract with _____ for services to be performed during the period beginning _____ and ending _____. This agreement is for services which do not meet the criteria for Independent Contractors and will be paid through the payroll system. All payments will be reported as taxable compensation on the W-2 statement of earnings with applicable payroll tax deductions taken at the time of payment.

Services to be performed include: _____
_____
_____

Do the services require a valid CA teaching credential? __ Yes __ No

Payment will be made as follows (choose one):
__ Monthly Timesheet at the rate of $ 0.00 per hour or $ 0.00 per day for an amount up to $ 0.00
__ ___ equal monthly installments for a total of $ 0.00
__ Automatically at the end of period indicated above for a total of $ 0.00

Budget #:_____ _____ _____
Site/Department Administrator Signature Date

B Professional Expert completes this section
It is understood that this agreement provides for temporary services by the professional expert. No employment rights or benefits are associated with these services.

Do you possess a valid CA teaching credential? __ Yes __ No
Are you presently a member of STRS? __ Yes __ No If no, are you a retiree from STRS? __ Yes __ No
Are you presently a member of PERS? __ Yes __ No If no, are you a retiree from PERS? __ Yes __ No

_____ _____
Professional Expert Signature Date

C Human Resources completes this section Forms: __ W4 __ DE4 __ I9 Required Documents
Fingerprint clearance on file: Effective date _____ TB clearance on file: Effective date _____

Human Resources Administrator Signature: _____ Date: _____

D Business Office completes this section

Business Services Administrator Signature: _____ Date: _____