Contractor Recommendation/Exit

Recommendation/Exit

Exit

School Year

2034-35

Name of Contractor:

Format: LAST name, FIRST name

Phone No:

Email Address:

Address:

Campus:

SSA

Assignment:

Description of position.

Will this individual have direct contact with students?

Yes

Will this individual be continuously supervised by a SISD employee at all times?

Yes

Calendar Begin / End Dates:

Start Date: End Date:

Compensation:

Include Daily Rate, Hourly Rate, and Travel Amounts - Indicate N/A if no compensation due from SISD.

Check Location as applicable:

Comments:

Include specific information of position duration and schedule, such as sporadic 1-2 days or ongoing service.

The following documents are required.

____Contractor Agreement (HR Office)
____Background & fingerprint form (HR Office)
____W-9 Form (Business Office)

A copy of the signed agreement must be forwarded to the HR department.

For HR Department Use Only: