



Personal Service Contract

Dated this the _____ day of _____, 20____, this agreement is made between
McCracken County Public Schools and _____
(Provider Name)

This agreement is effective for the purpose of _____ beginning
_____, 20____ and ending _____, 20____ in the amount of
\$_____ per _____, not to exceed \$_____.

MUNIS Code for Payment: Org.:_____ Obj.:_____ Proj.:_____

The provider fully understands that he/she is responsible for paying any federal, state, or local taxes due. The provider is not regarded as an employee and thereby assumes responsibility for all personal and professional liabilities. In addition, the provider's work is not directed by the district other than to perform the service at the specified time and location. The provider agrees to complete the attached IRS form W9 prior to being paid for any services.

Provider Signature

Principal/Coordinator/Director Signature

Address

Director of Finance Signature

City/State/ZIP

Superintendent Signature

Telephone