

**Non-Employee Payment/Independent Contractor Form**

Independent Contractor  Honorarium  Candidate  State

COMPLETED FORM MUST BE SUBMITTED BY THE DEPARTMENT WITH SUPPORTING DOCUMENTATION TO ADMINISTRATION AND FINANCE

<b>Department:</b>	<b>Dept. Contact:</b>	<b>Dept. Tel. No.</b>
<b>Payee Name:</b> <input type="checkbox"/> Current or Prior State Employee	<b>Payee's Social Security/Individual Taxpayer Identification Number:</b> ____/____/____	
<b>Permanent Address:</b>	<b>Mailing Address:</b>	

**Please indicate one of the following:**

A Citizen of the United States       Yes       No.  
 Permanent US Resident               Yes       No.      If yes, provide copy of alien registration card  
 Non-Resident Alien (NRA)           Yes       No.      If yes, Country of Citizenship: \_\_\_\_\_  
**Immigration status on I-94 card or passport:**

<b>Description of Service:</b>	<b>Professional Qualifications:</b>
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**List names of relatives or members of your household employed by Farmingdale State College/Research Foundation/College Foundation.**

**Date(s) of Service:**      **From:** \_\_\_\_\_      **To:** \_\_\_\_\_

**COMPLETE A or B**

**A:** Contract Fee: \$ \_\_\_\_\_ (or) **B:** Rate @ \$ \_\_\_\_\_ X  Hour       Day \_\_\_\_\_

**Estimated Total Payment (A or B) \$** \_\_\_\_\_

**Estimated Travel Expenses (Original receipts must be submitted after event)**

Hotel/Lodging/Meals:      \$ \_\_\_\_\_  
 Airfare/Train/Bus:        \$ \_\_\_\_\_  
 Auto/Bridges/Parking/Tolls \$ \_\_\_\_\_  
 Misc.                            \$ \_\_\_\_\_

**Total Estimated Travel Expenses \$** \_\_\_\_\_

**Payee Certification**

I certify that the above services will be/have been performed and that the reimbursement claimed, **and representations made in support of payment, are true and accurate.**

\_\_\_\_\_  
Payee Signature

\_\_\_\_\_  
Date

**Certification of the Account Director**

I certify that the services are essential to the project, and cannot be provided by any other person receiving salary support, and the rate is appropriate, based on the qualifications of the selectee and the nature of the work to be done. **I am aware of no relationship between the independent contractor and any department employee.**

Acct Number \_\_\_\_\_

Dept. Head Signature \_\_\_\_\_

Department Head Printed Name \_\_\_\_\_

Date: \_\_\_\_\_

<b>FUNDING DEPT./DESIGNEE APPROVAL:</b>	<b>PAYROLL APPROVAL:</b>	<b>ADMIN &amp; FINANCE APPROVAL</b>
Authorized Signature _____ Date _____	Authorized Signature _____ Date _____	Authorized Signature _____ Date _____

Independent Contractor Form

As an independent contractor, I \_\_\_\_\_ am aware that signing this document means I have read and understand the following conditions describing my relationship with Farmingdale State College.

As an Independent contractor, I am:

- Not eligible to file for or collect unemployment benefits;
- Not eligible for Worker's Compensation coverage;
- Solely responsible for compliance with all federal, state, and local tax reporting requirements;
- Not currently a New York State/Farmingdale State College/Research/Foundation employee;
- Have not been a New York State/Farmingdale State College/Research Foundation/College Foundation employee for the past two years;
- Required to assign all right, title, and interest in the data or material produced as a result of project activities to the Farmingdale State College, and prohibited from publishing, permitting to be published, or distributing any information concerning the results or conclusions of the data or material produced during or towards project activities. These are considered "works for hire" and as such are the property of Farmingdale State College.
- Able to retain ownership of intellectual property included in the deliverables to the extent that I will have independently developed the intellectual property without Farmingdale State College financial support. With respect to such property, I agree to grant Farmingdale State College a royalty fee, nonexclusive license to use such intellectual property for purposes consistent with the University's obligations under this contract.
- I have disclosed the names of relatives or household members employed by Farmingdale State College/Research Foundation/College Foundation.

The above constitutes the entire agreement between both parties.

\_\_\_\_\_  
Independent Contractor

\_\_\_\_\_  
President or Designee

Date: \_\_\_\_\_

Date: \_\_\_\_\_