ACKNOWLEDGEMENT OF INDEPENDENT CONTRACTOR

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ acknowledge the following:

1. I am an independent contractor and **not** an employee of the University.
2. Consistent with the foregoing, Davenport University shall not deduct withholding taxes, FICA, or any other taxes required to be deducted by an employer as I acknowledge my responsibility to pay same as an independent contractor.
3. I further acknowledge that I shall not be entitled to any fringe benefits, retirement contributions or any other benefits provided to University employees.

I understand and agree that should I ever apply for or be formally offered and accept employment with Davenport University, I would become eligible to participate in the University’s employment benefits program applicable to the role offered at that point in time.

As an independent contractor to Davenport University I will be providing the following services:

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

**Please read this acknowledgement form carefully before signing.**

Independent Contractor’s Name (Please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Davenport University Supervisor Acknowledgement:**

I understand that as a supervisor with the University it is my responsibility to correctly classify that the services listed above are that of an Independent contractor and not that of an employee. If I am uncertain about the federal definition I will contact Human Resources for clarification. If it is deemed that the terms and services rendered are that of an employee, I will follow proper University procedure to request an employee.

Supervisor’s Name (Please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Department:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_