

ACKNOWLEDGEMENT OF INDEPENDENT CONTRACTOR

Title: _	
Signat	ure: Date:
Super	visor's Name (Please print):
I unde the se uncert that th	restand that as a supervisor with the University it is my responsibility to correctly classify that rvices listed above are that of an Independent contractor and not that of an employee. If I am ain about the federal definition I will contact Human Resources for clarification. If it is deemed terms and services rendered are that of an employee, I will follow proper University dure to request an employee.
Addres	
	endent Contractor's Name (Please print):
Please	e read this acknowledgement form carefully before signing.
A3 a11	independent contractor to Davenport Oniversity I will be providing the following Services.
benefi	ts program applicable to the role offered at that point in time. independent contractor to Davenport University I will be providing the following services:
	rstand and agree that should I ever apply for or be formally offered and accept employment avenport University, I would become eligible to participate in the University's employment
C.	I further acknowledge that I shall not be entitled to any fringe benefits, retirement contributions or any other benefits provided to University employees.
b.	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.
a.	I am an independent contractor and <u>not</u> an employee of the University.
	acknowledge the following: