

# Independent Contractor/Evaluation Approval Request Form

Submitted By \_\_\_\_\_ Department Name \_\_\_\_\_

Services to Be Performed \_\_\_\_\_

Dates of Service \_\_\_\_\_ Compensation \_\_\_\_\_

Contractor Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Social Security or Tax ID Number \_\_\_\_\_

Contractor Signature \_\_\_\_\_