

**VALPARAISO UNIVERSITY  
INDEPENDENT CONTRACTOR AGREEMENT**

To: \_\_\_\_\_

Thank you for agreeing to provide services to Valparaiso University on campus in the following manner: (to be filled out by Valparaiso University hiring department)

Description of Service: \_\_\_\_\_

Rate or Fee for Services: \_\_\_\_\_

Date(s) or time-frame for service: \_\_\_\_\_

Does this agreement cover the entire fiscal year?  Yes  No

You and Valparaiso University agree that you are acting as an independent contractor and not as an employee of Valparaiso University. Accordingly, you will not receive any employee benefits and shall receive a check in the gross sum of \$\_\_\_\_\_. IRS form 1099 will be sent to you if you accumulate annual earnings of \$600.00 or more in a calendar year as an independent contractor working for Valparaiso University.

As an independent contractor, you are responsible for carrying your own insurance, including any required workers compensation coverage.

**VU requires that you acknowledge this letter by signing and returning** it to the Valparaiso University Procurement Office via fax 219-464-6716, email: [VU.Purchasing@valpo.edu](mailto:VU.Purchasing@valpo.edu) or US mail: Valparaiso University, Procurement Office, 1700 Chapel Dr., Valparaiso, IN 46383-4245  
**OR-** Return this form to the VU department you are working with for this contract.

IRS form W-9 must be submitted with this acknowledgement the **first time** you provide services to Valparaiso University. **An updated W-9 will be required each time there is an address or name change on the part of the independent contractor.**

Sincerely,

\_\_\_\_\_  
(Hiring Department Representative)      Date

Hiring department must fill in all fields above this line and sign the agreement **before** it is sent to the independent contract.

Independent contractor section only:

**Acknowledgement**

I agree to the terms of this letter. I understand this is required in order to receive payment for my services.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Email: \_\_\_\_\_ Phone No : \_\_\_\_\_