

**PERSONAL SERVICES AGREEMENT**

**SERVICES**

\_\_\_\_\_ (the "Service Provider") agrees to act in the capacity of

---

**PERIOD OF PERFORMANCE**

It is estimated that approximately \_\_\_\_\_ will be required for these services

The period these services will be performed is \_\_\_\_\_

This agreement may be terminated upon thirty (30) days written notice of either party to the other.

**PAYMENT**

Upon submission of an invoice in a form acceptable to the Foundation, the Service Provider will be paid \_\_\_\_\_

**STATUS OF SERVICE PROVIDER**

My relationship to the Foundation and Central Connecticut State University is that of the independent service provider. Nothing contained herein shall be construed as creating any other relationship. I will make no representations on behalf of the Foundation or Central Connecticut State University without the express written consent of these parties. In connection with the services called for above, I accept exclusive liability for the payment of any taxes or contributions for social security, unemployment insurance, old age payments, annuities, or retirement benefits. Further, I agree to indemnify and hold the CCSU Foundation, Inc. and Central Connecticut State University, their officers, directors, and employees harmless from any and all liability for any delay or failure on my part to pay any such taxes or contributions.

**ACCEPTANCE**

The undersigned accept the terms and conditions set forth above.

**CCSU FOUNDATION, INC.**

**SERVICE PROVIDER**

By: \_\_\_\_\_  
\_\_\_\_\_

By: \_\_\_\_\_  
Soc. Sec. No. See IRS Form W-9

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

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