

Contract Form Sample



Office of Educational Outreach

DATE: July 1, 2018

SUBJECT: Payment of Work Performed by INSTRUCTOR NAME, SEMESTER YEAR

INSTRUCTOR has agreed to facilitate the noncredit program "NAME OF COURSE" NUMBER OF SESSIONS, DURATION IN HOURS OF ONE SESSION, and will be paid \$TOTAL AMOUNT from the Educational Outreach account, Noncredit Courses 742075.

This will be made as one payment to the end of the program on DATE OF PAYMENT, if the minimum class size of __ for each course is met.

This is an independent contractor agreement and will create no presumption of a right to a subsequent agreement.

NAME OF INSTRUCTOR Date

SSN _____

Address: _____

Phone: _____

Email: _____

Leslie Brock Date
Office of Educational Outreach
lbrock@siue.edu
(618) 650-2660

Mary Ettling Date
Director
Office of Educational Outreach