

CONSULTING AGREEMENT FOR UNIVERSITY SUPERVISORS

The following person served as the University Supervisor for:

1. **Student Intern:** _____
Mentor Teacher: _____
School: _____
School District: _____

2. **Student Intern:** _____
Mentor Teacher: _____
School: _____
School District: _____

3. **Student Intern:** _____
Mentor Teacher: _____
School: _____
School District: _____

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It is my understanding that I am being retained as an independent consultant/contractor for the College of Education, Health and Human Sciences, University of Idaho, to perform supervision of student interns, for a fee of \$400 per student intern, per semester.**

I am also aware that, with the independent consultant status, I am not eligible for, nor covered by, any of the fringe benefits granted to the normal employees of the University of Idaho (e.g., workmen's compensation and unemployment insurance.) I am also aware of my responsibility to report this income on my income tax schedule and to pay any necessary taxes and that I must provide a completed W-9 form with my tax identification information.

Name (Please print)

Signature

Street

Date

City State Zip

University of Idaho V Number (if known)

Email Address

Phone Number

Please complete this Agreement and email it to edinterns@uidaho.edu.

W9s are now being processed electronically and you will receive an invitation from PaymentWorks on behalf of the University of Idaho to electronically enter your W9 information.

**Mid-term and end-of-semester evaluations on program standards and dispositions are an essential element of our college assessment system. We will process stipends upon receipt of the both the mid-term and end of semester completed evaluations. We appreciate your timely submission of the form.