

Wilson County Schools

Request for Contractual Agreement

This form needs to be completed and submitted to the Office of Human Resource Services (OHRS) two (2) weeks prior to the start of services. Upon receipt of this form, a contractual agreement will be composed and two (2) copies submitted to the requestor. The requestor will then secure the necessary signatures and return both original copies to the OHRS. One (1) of the original copies will be forwarded to payroll or accounts payable for payment, and the other original copy will be filed in the OHRS.

Type of services to be provided: _____

Services will Begin: _____ End: _____

Name of Consultant SSN/EIN

Current Employee _____ Past Employee _____ No Affiliation _____

Term of Payment:

____ Hourly ____ Monthly ____ Upon Completion
\$ _____ \$ _____ \$ _____

Details: _____

Total Amount of Compensation: \$ _____ Fund Source _____

Duties will be assigned by: Site

Requested by Date

Signature of Assistant Superintendent Date