

**Long Island University
C.W. Post Campus
Office of Student Activities
Independent Contractor/Non-Performer Contract**

Date: _____

Name: _____

Social Security Number: _____

Address: _____

This is to advise you that you have been awarded the following contract at the C. W. Post Campus of Long Island University:

Position/Project: _____

Date: _____

Agreed Price: _____

Title of Supervisor: _____

Responsibilities: _____

Other terms and conditions will be in accordance with University policy.

If these terms are agreeable to you, please sign and date. Keep the yellow copy and return the white and pink copies to me within two weeks.

Sincerely,



Craig Harris
Director of Student Activities

Signature: _____

Date: _____

Budget Number: _____