

ADDENDUM

[insert date]

[insert name in all caps]

[insert address]

Independent Contractor

The following are duties and rates as agreed to as an Independent Contractor for Delta College.

Scope of Work:

Duties Assigned and Associated Pay/Fees:

Schedule/Time Period that Services will be performed in:

DELTA COLLEGE

INDEPENDENT CONTRACTOR NAME
AND TAX IDENTIFICATION NUMBER

(Signature of Authorized Representative)

(Signature of Authorized Representative)

(Printed Name)

(Printed Name)

(Title)

(Title)

(Date)

(Date)

(Tax Identification Number)