

# Winston County Schools

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Sue Reed  
Superintendent

Board Members  
Larry Yancey, President  
Greg Batchelor, Vice Pres.  
Ralph Williams  
Joe Laseter  
Joey Boteler

## CONTRACT

This agreement entered into on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by and between the Superintendent of Winston County Public Schools and:

Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_ Phone: \_\_\_\_\_

In accordance with the resolution/policy passed by the Winston County Board of Education, authorizing the Superintendent of said school system to enter into various contracts and has the following conditions/stipulations.

1. \_\_\_\_\_ Services will be provided to the Winston County Board of Education as specified by the Superintendent.
2. This work will take place between the dates of \_\_\_\_\_ and \_\_\_\_\_.
3. The rate of pay will be \$\_\_\_\_\_ per hour. Time worked on this contract shall not exceed a total of \_\_\_\_\_ hours per week. Timesheets must be kept and provided to your secretary/bookkeeper on the last day of the month.
4. Funds for this contract are available from \_\_\_\_\_ Funds.
5. This contract may be terminated by either party upon 10 days written notification to the Office of the Superintendent.
6. Select which type of service provider you are:

\_\_\_\_\_ I am an independent contract for IRS purposes since I do not work under the direct supervision of the Winston County Board of Education or its employees. The wages I earn under this contract will be paid to me through the accounts payable process and reported to me and the IRS by 1099 guidelines.  
**(A W-9 must be attached to this contract prior to payment.)**

-OR-

\_\_\_\_\_ I am an employee for IRS purposes since I do work under the supervision of the Winston County Board of Education or its employees. The wages I earn under this contract will be paid to me through the payroll process and reported to me and the IRS by W-2 guidelines.  
**(All applicable tax forms must be filed with the payroll clerk prior to payment).**

\_\_\_\_\_  
Signature of Superintendent of Education

\_\_\_\_\_  
Signature of Service Provider

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Central Office Use

P/R \_\_\_\_\_ Employee # \_\_\_\_\_

H/R \_\_\_\_\_

A/P \_\_\_\_\_ Vendor # \_\_\_\_\_

W9 \_\_\_\_\_

ATTN: \_\_\_\_\_  
2/11

Code: \_\_\_\_\_

