

WEST VALLEY-MISSION COMMUNITY COLLEGE DISTRICT SPECIAL PAYMENT AGREEMENT

SECTION 1: TO BE COMPLETED BY REQUESTOR

in is the individual currently working for the District (We	est Valley College or Mission College)?	Yes No
a. If "No", did the individual work for the District in the		☐ Yes ☐ No
 Did the individual receive payment from the District in 	•	
Agreement in the current semester?		☐ Yes ☐ No
Is the individual a current student at West Valley Colle	ege or Mission College?	☐ Yes ☐ No
a. Is the student performing regular hourly work and	<u> </u>	Yes No
Is the individual retired and receiving a pension from		☐ Yes ☐ No
4. Is the marviada retired and receiving a pension from	Cals INS of Call ENS:	
If you've answered YES to any of the questions above, yo	-	-
packet before the individual can start working for the Dist If you require additional guidance, contact the Administra		
allow the District the ability to properly pay the individua		-
SECTION 2: ONLY COMPLETE IF ALL ANSWERS ABOVE	E ARE NO CONSULT WITH THE VE OF ADMINIST	DATIVE
SERVICES FOR ADDITIONAL GUIDANCE BEFORE COM		
		207,130 12.
Requestor:	Department:	
Location of Service or Event: West Vall	·	ct
Date (s) of Service or Event: From:	To:	
Time of Service or Event: Start:	End:	
Payment Amount:(Amount shall r	not exceed \$1,000)	
Account Number:		
The afternation and amount by the individual.		
Type of work being performed by the individual:		
Type of work being performed by the individual:		
Type of work being performed by the individual:		
	G#:	
Recipient Name/Payable to:	G#:	If available
		If available
Recipient Name/Payable to: Address/City/Zip Code:		
Recipient Name/Payable to: Address/City/Zip Code: Phone #: E-mail Address	s:	
Recipient Name/Payable to: Address/City/Zip Code: Phone #: E-mail Address Social Security Number/TIN:	s: Signed/Completed W-9 attached	
Recipient Name/Payable to: Address/City/Zip Code: Phone #: E-mail Address	Signed/Completed W-9 attached processed through AP)	d (Only if
Recipient Name/Payable to: Address/City/Zip Code: Phone #: E-mail Address Social Security Number/TIN: SECTION 3: TERMS AND CONDITIONS SERVICE PROVIDER/SPEAKER/PERFORMER AGREEMENT: SERVICE Pagreement and solely and personally liable for all damages which ma	Signed/Completed W-9 attached processed through AP) ROVIDER/SPEAKER/PERFORMER is an independent contractor in the processioned by the operation of this agreement, whether for processions are contracted by the operation of this agreement, whether for processions are contracted by the operation of this agreement.	d (Only if
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