SUNY RF
The Research Foundation for
The State University of New York

WORKING RELATIONSHIP FORM

Campus Address:
_____
_____
_____
Date:_____

_____
Name of Independent Contractor
_____
Address
_____

Project Director:

We would like to take this opportunity to clarify your status with the Research Foundation. If you feel that we have made a mistake in your classification, you must notify us within ten (10) working days from the date of this letter. As an independent contractor you are:

- Not eligible to file for or to collect unemployment benefits.
- Not eligible for workers' compensation coverage.
- Solely responsible for complying with all federal, state, and local requirements regarding reporting and paying taxes.
- Required to assign all right, title, and interest in the data or material you produce as a result of project activities to the Research Foundation, and are prohibited from publishing, permitting to be published, or distributing any information concerning the results or conclusions of the data or material you produce during or towards project activities. They are considered "works for hire" and are the property of the Research Foundation.
- Able to retain ownership of intellectual property included in deliverables to the extent that you have independently developed the intellectual property without Research Foundation financial support. With respect to such property, you agree to grant to the Research Foundation a royalty free, nonexclusive license to use such intellectual property for purposes consistent with the Research Foundation's obligations under the grant or contract that funds this project.

Your engagement as an independent contractor with the Research Foundation may be cancelled by the Foundation upon 30-days written notice.

Please read the reverse side of this form for a description of your services and fees.

If you have any questions or disagree with the information listed on this document or need any additional information concerning your status as an independent contractor, please feel free to contact _____ {*insert Name*} at _____ {*insert Phone Number*}.

_____
(Project Director)

_____
(HR Representative)

(***complete the bottom section and return the form to the campus if fees plus expenses are $2,500 or more.)***

I certify that I have read, understand, and accept this document and any attachments.

_____ _____ _____
Signature Tax Payer ID Number Date

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Description of Services:

See Independent Contractor Scope of Work

Period of Service:

Fees and Expenses (Include maximum dollar amount of compensation):

Payment Schedules

Technical and Final Reporting Requirements

Other Information