



AMSTI Consultant Agreement Form

I agree to provide the training described below during AMSTI USA Summer Institute 202_:

Consultant: _____

J Number: _____

Email Address: _____

Summer Institute Session(s): _____

Location: _____

Training Date(s): _____

Training Times: from: _____ AM/PM to _____ AM/PM Daily

Set-up/Preparation: (___ day) on _____ from _____ AM/PM to _____ AM/PM

Length of Training	Amount of Setup/Preparation Pay
1 day	¼ day pay
2 days	½ day pay
3 or more days	1 day pay

As a Consultant at a rate of \$_____ per training day for ___ days plus preparation pay of \$_____ for a total of \$_____.

Terms and Conditions:

- I will bring my own laptop.
- I acknowledge that I am responsible for providing any additional technology (clicker, document camera, etc.).
- I agree to bring student work samples.
- I agree to submit travel reimbursement paperwork in a timely manner.

Except in the case of a Consultant currently employed by the University, USA HealthCare Management, LLC, or University of South Alabama Health Care Authority, the Consultant and the University intend relationship established between them pursuant to this Agreement shall be that of client and independent contractor. No agent, employee, or servant of Consultant shall be or shall be deemed to be an employee, agent, or servant of the University. Consultant is responsible for all applicable federal and state regulations relating to income tax, social security, worker’s compensation, and unemployment insurance for himself/herself and his/her employees. Consultant further agrees that there are no claims to any rights to benefits, or tenure rights, for the Consultant, or his/her agents, under this agreement. For a Consultant who is an employee of the University, USA HealthCare Management, LLC, or University of South Alabama

Health Care Authority, any remuneration for such engagement will be processed through the payroll system, regardless of the fact that the services being provided under this Agreement are outside of his or her employment duties.

The University may, by a minimum of five (5) days' notice to the Consultant, terminate this Agreement in whole or in part for any cause or no cause. Such notice of cancellation shall be delivered to the Consultant at the email address set forth above.

Your signature below indicates the contact information is correct and you accept the terms and scope of work.

Mailing Address: _____

Status of Payment Works with University of South Alabama: _____

CONSULTANT

Name

Date

UNIVERSITY OF SOUTH ALABAMA

Director/Associate Director

Date

Contract Officer

Date