



## Stipend/Contracted Services Agreement Form

Student Group Name: \_\_\_\_\_

Date: \_\_\_\_\_

Student Group Acct. No.: \_\_\_\_\_

CalLink Request No.: \_\_\_\_\_

**Please choose one of the following options:**

Contracted Services Agreement

Resume on file  Resume attached

Stipend Agreement

Student ID # \_\_\_\_\_

1. This is a contract for the services of (name) \_\_\_\_\_  
(furthermore referred to as the payee), who agree(s) to render his/her/their services as  
(describe services) \_\_\_\_\_  
to the Associated Students of the University of California.

2. The above-mentioned services will be rendered  
at \_\_\_\_\_  
from \_\_\_\_\_ a.m. on \_\_\_\_\_  
p.m. date  
to \_\_\_\_\_ a.m. on \_\_\_\_\_  
p.m. date

3. The ASUC agrees to pay by check, as full compensation for these services, the sum of \$ \_\_\_\_\_  
as a  One Time,  Monthly, OR  \_\_\_\_\_  
Payment shall be made on date(s): \_\_\_\_\_

4. No payment shall be made prior to services to be rendered.

5. This is not a contract for employment; payee is not entitled to worker's compensation and unemployment benefits.

6. Payee is responsible for his/her own tax liability. A 1099-Miscellaneous Tax Form will be mailed to payee at the end of January of the following year if annual earnings exceed \$600. Please notify [asucfinance@berkeley.edu](mailto:asucfinance@berkeley.edu) if the address is changed.

7. Other terms and conditions are as follows (If none, write none):

**INDIVIDUAL(S) RENDERING SERVICE**

signed

home address

city

state

zip code

social security number

**ASSOCIATED STUDENTS OF THE UNIVERSITY OF CALIFORNIA**

\_\_\_\_\_  
LEAD Center Coordinator/AD signature