CONSULTING AGREEMENT FOR UNIVERSITY SUPERVISORS

The following person served as the University Supervisor for:

1. Student Intern: _____
   Mentor Teacher: _____
   School: _____
   School District: _____

2. Student Intern: _____
   Mentor Teacher: _____
   School: _____
   School District: _____

3. Student Intern: _____
   Mentor Teacher: _____
   School: _____
   School District: _____

It is my understanding that I am being retained as an independent consultant/contractor for the College of Education, Health and Human Sciences, University of Idaho, to perform supervision of student interns, for a fee of $400 per student intern per semester**.

I am also aware that, with the independent consultant status, I am not eligible for, nor covered by, any of the fringe benefits granted to the normal employees of the University of Idaho (e.g., workmen's compensation and unemployment insurance). I am also aware of my responsibility to report this income on my income tax schedule and to pay any necessary taxes and that I must provide a completed W-9 form with my tax identification information.

_____ _____
Name (Please print) Signature

_____ _____
Street Date

_____ _____
City State Zip University of Idaho V Num9a4-1 (r)3..1 (da 001 o)1.4 (f0ri)-8 (t)9U(

_____ _____

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W-9s are now being processed electronically and you will receive an invitation from PaymentWorks on behalf of the University of Idaho to electronically enter your W-9 information.

**Mid-term and end-of-semester evaluations of program standards and dispositions are an essential element of our college assessment system. We will process stipends upon receipt of the both the mid-term and end of semester completed evaluations. We appreciate your timely submission of the fo