



Flagler County Public Schools

P. O. Box 755 ■ 1769 E. Moody Blvd. ■ Bunnell, FL 32110
Telephone (386) 437-7526 ■ SUNCOM 370-7575 ■ Fax (386) 437-7577
www.flaglerschools.com

Contract for Personal/Professional Services

Please Print or Type contract - signatures in blue ink please

Date: _____

Payee Name (Print): _____

Physical Address: _____

Mailing Address: _____

Social Security Number: _____ Phone: _____

I, _____, agree to provide the following service:
(Payee written signature - in blue ink please)

for _____ on _____
(School or department) (list date(s).....(from-to))

at _____ at the following rate: \$ _____ per _____
Time(s)... (from - to) (dollar amount) (hour/day/wk...)

Estimated not to exceed \$ _____ per fiscal year (July 1 through June 30)

I will be working with students (either directly or indirectly) (check one) Yes No *(required for FTE confirmation)*

My Fingerprints are on file with _____
(organization) (County) (approximate date prints taken)

*Note: In accordance with the Jessica Lunsford Act, HB 1877 - if you have not been actively working within the last 12 months with current fingerprints on file, you will be required to be fingerprinted through our H.R. Department before working and receiving payment from our District. Our fingerprint application is attached for your use, if needed. **No payments will be made until fingerprint compliance has been verified.***

****For School Board Use - to be completed by contracting department****

_____ - _____ - _____ - _____ - _____
Fund Function Object Center Project

Fingerprint compliance verified by: _____ on _____

Department Administrator Date

Director of Finance *(if over \$1,500/yr)* Date

Assistant Superintendent *(if over \$5,000/yr)* Date

Chairman of the Board *(if over \$10,000/yr)* Date