

WAYLAND · PUBLIC · SCHOOLS

WAYLAND, MASSACHUSETTS

Phone: (508) 358-7728

FAX: (508) 358-7708

David Fleishman Interim Superintendent of Schools (508) 358-3774	Betsy Gavron, Interim Assistant Superintendent (508) 358-3772	Debbie Dixon Interim Director of Student Services (508) 358-3756	Susan Bottan Business Administrator (508) 358-3750	Leisha F. Simon Technology Director (508) 358-3714
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AGREEMENT

Name: _____ SS#: _____
Street: _____ Phone: _____
Town/Zip: _____

The above-named individual or agency agrees to provide the Wayland Public Schools with the following services:

Dates of service: _____

Total Cost of Services: _____

I understand that in my capacity as a contractor/consultant for the Wayland Public Schools, I will acquire information and knowledge which is either legally protected as confidential, or information and knowledge which is of a personal and private nature. I understand and agree that I shall not disclose to any other person or organization, any information acquired during my work as a consultant without express and written consent from the Superintendent or designee. My signature below constitutes acceptance of the terms of this confidentiality agreement.

The following conditions will apply:

1. This Agreement may be terminated for non-performance or inadequate performance at any time. In the event of such termination, the compensation shall be adjusted to the percentage of performance completed.
2. As required by law, the Town of Wayland will report all compensation to the Internal Revenue Service via Form 1099, a copy of which will be provided to each vendor.
3. The vendor (individual or agency) must submit all bills/invoices or time sheets to the Wayland Public Schools, P.O. Box 408, Wayland, MA 01778 immediately upon completion of the services or in accordance with the prescribed schedule above. Failure to submit an invoice will delay your payment.
4. As an independent contractor, the vendor shall maintain all insurances as are necessary for purposes of liability and shall not hold the Wayland Public Schools responsible for any injuries stemming from performance of any duties associated with this job.
5. If provision of services is directly to students, the contractor acknowledges that commencement of services is subject to a mandatory and satisfactory criminal records check (CORI) by the Wayland Public Schools.
6. This Agreement is subject to federal, state, and/or local appropriations and may be terminated immediately upon cessation of any funding source. A purchase order is required to initiate funding for this contract.

Signatures of Parties to the Agreement:

By _____
Provider

By _____
For the Wayland Public Schools

OFFICE USE ONLY
Funding Source: _____
Account Number: _____