

WATERFORD COMMUNITY EDUCATION
Waterford School District

501 N. Cass Lake Road | Waterford, MI 48328 | Phone: 248.706.4868 | Fax: 248.706.4888

CLASS PROPOSAL

Name of Contractor/Business _____

Title of the Class _____

Class description. If more space is needed, use back of this sheet. ***Please Print***

Print Contractor/business name to be included in brochure description.

Starting date _____ Day(s) of the week _____ Time _____

Number of sessions _____ Suggested cost _____

Suggested minimum number of students _____ Suggested maximum number of students _____

Minimum age of students _____

Room specifications: (water, carpet, projector, etc...) _____

Supplies students need to bring _____

Additional fee to students for materials, books, etc. (Contractor will collect) _____

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**CONTRACTED SERVICE AGREEMENT
(Each class requires a separate Service Agreement.)**

The following contractor/business _____

has been contracted with Waterford School District's Community Education Department to teach:

The amount of the compensation will be:

50/50 split _____ 60/40 split _____ (if class held at your location)

other (please explain) _____

Date the service begins: _____ Date the service ends: _____

Days and times: _____ Location: _____

Dates of no classes: _____

Additional information: _____

Signature of Contractor:

_____ Date: _____

Signature of WSD Community Education Supervisor:

_____ Date: _____

This document serves as confirmation of your classes, unless you are contacted by a representative of the Waterford School District Community Education Department.

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CONTRACTOR AFFIDAVIT

Name of Contractor: _____

It is understood that you are a private contractor, not an employee of the Waterford School District. Therefore, you are responsible for maintaining your own unemployment insurance, worker's compensation insurance and liability insurance.

By signing this affidavit, I am acknowledging that I understand that these coverages are not afforded to me and that I am responsible for unemployment insurance, worker's compensation insurance and liability insurance. I indemnify Waterford School District, its Board and staff from any loss resulting in any claims of this nature.

Contractor's Signature

Date

Community Education Supervisor

Date

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INSTRUCTOR INFORMATION

BUSINESS OWNER'S NAME: _____

BUSINESS ADDRESS: _____

DBA, EIN OR BUSINESS TAX I.D. NUMBER: _____

LIABILITY INSURANCE NAME/AMOUNT: _____

WORKERS' COMPENSATION NAME/AMOUNT: _____

INSTRUCTOR NAME: _____

CREDENTIALS: _____

DAY PHONE: _____ **EVENING PHONE:** _____

EMAIL ADDRESS: _____ **FAX:** _____

HEALTH ISSUES: _____

EMERGENCY CONTACT NAME: _____

PHONE NUMBERS: _____

CLASS(ES) YOU WILL TEACH: _____

FOR OFFICE USE ONLY

SEMESTER: _____

COMPENSATION: _____

FINGERPRINT CONFIRMATION DATE: _____

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COMMUNITY EDUCATION CONTRACTOR GUIDELINES

FINGERPRINTING

First time instructors and assistants **must** be fingerprinted and the **results on file** at Waterford School District's Personnel Department, Kurzman Administration Services, Crary Campus, 501 N. Cass Lake Rd, Waterford MI 48328, 248-706-4873. The cost is \$50.00 and is payable by money order.

CONTRACTOR GUIDELINES

Contractors must sign this CONTRACTOR GUIDELINES document each semester and return it, along with the class proposal, contracted service agreement, insurance affidavit, and contractor information sheet **within 10 days of receipt**.

CLASS PROPOSAL

The Class Proposal must be submitted each term filled out in its entirety.

BOOK/MATERIAL FEES

The contractor will collect any required book or material fees from students.

CLASS CONTENT

Classes are to be educational in nature while maintaining an ethical and impartial learning environment.

CANCELLED CLASS BY CONTRACTOR

- a.) Illness or schedule change: contractor calls office for reschedule date. |
- b.) Enrollment minimums: contractor must call office three days prior to class start date to verify enrollment.
- c.) Office staff will call your students.

SCHOOL CLOSING

If school is closed classes will be cancelled. Make-up dates may be rescheduled.

CLASS LIST

The class list will also serve as attendance record. The Class list must be turned in to office after the final class.

POST QUESTIONNAIRES

Contractor will distribute to students on or before the last night of the class. Forms must be turned in to the office.

AUDIO/VISUAL EQUIPMENT REQUESTS

Contractor must indicate equipment needs in class proposal.

BUILDING/ROOM USAGE

Please do not rearrange teacher's desk or use unauthorized equipment.

PAYMENT

Processing of payment to contractor will begin upon receipt of invoice which must include company name and address, where check should be mailed, class name, dates and costs, number of students, and percentage breakdown, class list showing attendance, and follow up questionnaires.

Contractor Signature

Date

Community Education Supervisor Signature

Date

July 2011