

**Redmond School District
Request for Contracted Services Agreement**

Service Provider Name: _____ School/Site: _____

SSN or Tax ID Number: _____

Address: _____

Telephone Number: _____ Email: _____

Are you a District Employee? _____ Yes _____ No

Total Contract Amount: \$ _____

Description of Services to be Provided: _____

Dates: Beginning _____ Ending _____

Account Number to be Charged: _____

Will the contractor and/or its employees have **Direct, Unsupervised Contact** with students **OR** will the contractor and/or its employees ever **accompany students off District premises**?

_____ Yes _____ No

If Yes, does the contractor have evidence documenting a successfully completed Oregon and FBI Criminal records check?

_____ Yes _____ No

If No, the contractor may be subject to a State fee for a criminal records check and fingerprinting costs. Evidence must be provided to the Human Resources Department for review prior to approval of contractor status. (attach proof if applicable)

Signed By: _____ Date: _____
Contractor Signature

Signed By: _____ Date: _____
School/Department Administrator

SEND THIS COMPLETED FORM TO: Wanda Tigard, Accounting Supervisor, Fiscal Services

Approval of Contractor Status _____ **Date:** _____

Upon approval, and depending on type of services to be provided, contractor will be required to complete formal agreement with the District.

SEND INVOICE TO ACCOUNTS PAYABLE TO RECEIVE PAYMENT FOR COMPLETED WORK