

## WORKING RELATIONSHIP FORM

Updated 8/11/2022

Name of Independent Contractor:	Date:
Address:	
Email:	
We have received notification from rendering services to his/her research project as an independent c employee-employer relationship exists between you and the Resea	ontractor. As an independent contractor, no
<ul> <li>We would like to take this opportunity to clarify your status with the made a mistake in your classification, you must notify us within terest independent contractor you are: <ul> <li>not eligible to file for or to collect unemployment benefits.</li> <li>not eligible for workers' compensation coverage.</li> <li>solely responsible for complying with all federal, state, and taxes.</li> <li>required to assign all rights, title, and interest in the data of to the Research Foundation, and are prohibited from public information concerning the results or conclusions of the data activities. They are considered "works for hire" and are the</li> <li>able to retain ownership of intellectual property included independently developed the intellectual property without to such property, you agree to grant to the Research Foundation upon appropriate that funds this project. Your engagement as an immay be cancelled by the Foundation upon 30-days written</li> </ul> </li> </ul>	I local requirements regarding reporting and paying or material you produce as a result of project activities shing, permitting to be published, or distributing any ata or material you produce during or towards project property of the Research Foundation.  In deliverables to the extent that you have at Research Foundation financial support. With respect dation a royalty free, nonexclusive license to use such earch Foundation's obligations under the grant or dependent contractor with the Research Foundation
ndependent Contractor Signature	date
cc:	date