

LAMPETER-STRASBURG SCHOOL DISTRICT
Administration Building

INDEPENDENT CONTRACTOR
AUTHORIZATION FORM

INDEPENDENT CONTRACTOR: _____

CONTACT PERSON: _____ **/POSITION:** _____

ADDRESS: _____ **/E-MAIL:** _____

PHONE: _____

EMPLOYEE INFORMATION:

| | | |
|--------------------------------------|--------------|------------------------|
| _____ | _____ | _____ |
| First, Middle Initial, and Last Name | Phone Number | Social Security Number |
| _____ | _____ | _____ |
| Street Address | City | Zip Code |
| _____ | | |
| E-mail Address | | |

EMPLOYEE HIRE DATE: _____

ITEMS REQUIRED: (Please attach to form)

*****ALL ITEMS MUST BE WITHIN A YEAR OF HIRE DATE*****

____ PA Child Abuse (*Must see original clearance, make copy and initial/date)

____ PA Criminal

____ FBI Fingerprint

____ TB Test

____ Act 24 PDE-6004

If the paperwork that is submitted to the School District is beyond the current school year, I acknowledge and affirm that the above named employee has not had a break in service since first hired.

Contact Person Signature

Date