

WORKING RELATIONSHIP FORM

*The Research Foundation of SUNY
State University College at Buffalo
1300 Elmwood Avenue - Bishop B-28
Buffalo, NY 14222*

Name of Independent Contractor:

Address:

Date:

We have received notification from, *Project Director*, that you have or will be rendering services to his\her research project as an independent contractor. As an independent contractor, no employee-employer relationship exists between you and the Research Foundation of State University of New York.

We would like to take this opportunity to clarify your status with the Research Foundation. If you feel that we have made a mistake in your classification, you must notify us within ten (10) working days from the date of this letter. As an independent contractor you are:

- Not eligible to file for or to collect unemployment benefits.
- Not eligible for workers' compensation coverage.
- Solely responsible for complying with all federal, state, and local requirements regarding reporting and paying taxes.
- Required to assign all right, title, and interest in the data or material you produce as a result of project activities to the Research Foundation, and are prohibited from publishing, permitting to be published, or distributing any information concerning the results or conclusions of the data or material you produce during or towards project activities. They are considered "works for hire" and are property of the Research Foundation.
- Able to retain ownership of intellectual property included in deliverables to the extent that you have independently developed the intellectual property without Research Foundation financial support. With respect to such property, you agree to grant the Research Foundation a royalty free, nonexclusive license to use such intellectual property for purposes consistent with the Research Foundation's obligations under the grant or contract that funds this project.

Your engagement as an independent contractor with the Research Foundation may be canceled by the Foundation upon 30-days written notice.

If you have any questions or disagree with the information listed on this document or need any additional information concerning your status as an independent contractor, please feel free to contact Sandra Syracuse at 716-878-4144 Ext. 206.

cc:

(Complete the bottom section and return entire form to our campus)

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*I certify that I have read, understand, and accept this document and any attachments.*

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Tax Payer ID Number**

\_\_\_\_\_  
**Date**

**Description of Services:**

(See attached) INDEPENDENT CONTRACTORS FORM

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**Period of Service:**

(See attached) \_\_\_\_\_

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**Fees and Expenses (Include maximum dollar amount of compensation):**

(See attached) \_\_\_\_\_

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**Payment Schedules:**

After end of dates specified (unless otherwise noted) \_\_\_\_\_

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**Technical and Final Reporting Requirements:**

After services completed \_\_\_\_\_

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**Other Information:**

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