

Confirmation of Information and Indemnification Agreement

Independent Contractors

Name of Independent Contractor/Payee: _____

Department/Research Project: _____

Paid from: INDEX: _____ **or** FUND: _____ and ORGN: _____

Brief Description of Work to be Performed and/or Attach Contract:

PART ONE – Confirmation of assessment by hiring manager

This section is to be filled out by the hiring manager most familiar with the independent contractor's operation and nature of the engagement.

I have reviewed the University's [Payment to Individuals and Business Entities](#) policy. Based on my review of this policy, the assessment completed in the Independent Contractor Questionnaire, and the knowledge I have regarding the work or activities to be completed, the individual/entity named on this form qualifies as an independent contractor. Prior to engaging the individual, I will ensure that:

- I have reviewed and complied with the [University's Signing Authorities policy](#) and understand that any engagement requires a contract that has been approved in accordance with this policy.
- The contractor has sufficient liability insurance, as per the [Payment to Individuals and Business Entities policy](#), and I will send a copy of the Certificate of Insurance to the Office of Risk Management (unless I have received an approved exemption from the Executive Director of Risk Management).
- I have followed the applicable processes as per the [Procurement policy](#).

What is the anticipated value of services over the total length of the engagement? ___ under \$25,000 ___ over \$25,000

Are the services being provided considered [consulting services](#)? ___ yes ___ no

I understand that, should the University disagree with my assessment, the individual being engaged must be paid through University payroll, and all applicable source deductions will be withheld by the University.

By signing below, I am indicating my agreement.

Name of Hiring Manager (please print)

Title

Signature of Hiring Manager

Date

PART TWO – Independent Contractor Indemnification Agreement

This section is to be filled out by the individual being engaged for the services described above.

I agree to personally indemnify and hold harmless Carleton University from any claim, damages, or liabilities resulting directly or indirectly from my retention as an independent contractor. I understand that I am being engaged as an independent contractor and, as such, I am responsible for any and all taxes resulting from this engagement. I understand that my engagement must comply with all University policies and requirements. I understand that I should provide a copy of my liability insurance to the hiring manager or be granted an approved exemption.

Name of Contractor (please print) Title

Signature of Contractor Date

Full Mailing Address (mandatory)

Fax # or Email Address (mandatory) HST # (if applicable)

Please submit the completed form electronically via eShop as an attachment to the Independent Contractor Questionnaire or e-mail to accounts.payable@carleton.ca.