UNIVERSITY OF SOUTH ALABAMA
RESEARCH AND
INSERVICE CENTER

Facilitator Agreement Form

South Alabama Research and Inservice Center (SARIC) is pleased to offer you a limited assignment as a non-instructional facilitator for the University of South Alabama.

Facilitator: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Contact Phone: _____

JAG #: _____

Email address: _____

I am a retired State of Alabama Employee. ☐ Yes* ☐ No

By marking *Yes* above and signing this agreement, I understand that it is my responsibility to adhere to the earning limits currently allowed for retired employees, and that my name will be submitted to the TRS as required by the Code of Alabama, 16-25-26.

Date of Services: _____

Services to Be Rendered: _____
_____
_____
_____

Fee(s): _____

The University may, by a minimum of five (5) days' notice to the Facilitator, terminate this Agreement in whole or in part for any cause or no cause. Such notice shall be delivered to the Facilitator at the email address set forth above.

Except in the case of a Facilitator currently employed by the University, USA HealthCare Management, LLC, or University of South Alabama Health Care Authority, the Facilitator and the University intend relationship established between them pursuant to this Agreement shall be that of client and independent contractor. No agent, employee, or servant of Facilitator shall be or shall be deemed to be an employee, agent, or servant of the University. Facilitator is responsible for all applicable federal and state regulations relating to income tax, social security, worker's compensation, and unemployment insurance for himself/herself and his/her employees. Facilitator further agrees that there are no claims to any rights to benefits, or tenure rights, for the Facilitator, or his/her agents, under this agreement. For a Facilitator who is an employee of the University, USA HealthCare Management, LLC, or University of South Alabama Health Care Authority, any remuneration for such engagement will be processed through the payroll system, regardless of the fact that the services being provided under this Agreement are outside of his or her employment duties.

SARIC reserves the right to cancel workshops that do not have a minimum of five (5) enrolled participants at least five (5) days before the scheduled workshop.

If Facilitator is currently employed by the University, USA HealthCare Management, LLC, or University of South Alabama Health Care Authority, Facilitator acknowledges through his/her signature below that he/she has reviewed the University of South Alabama External Professional Activities Policy and the State of Alabama Code of Ethics for Public Officers and Employees (Ala. Code §§ 36-25-1 through 36-25-30) and is in compliance with all applicable requirements contained therein, including, but not limited to, the prohibition on using one's position for personal gain. Facilitator is encouraged to seek an opinion from the Alabama Ethics Commission on this matter. Pursuant to Alabama Code § 36-25-11, Facilitator must file a copy of this contract with the Alabama Ethics Commission within ten (10) days of its execution.

If you accept this offer of assignment, please complete this form and sign below.

Facilitator's Signature: _____ Date: _____

UNIVERSITY OF SOUTH ALABAMA

Director/Associate Director: _____ Date: _____

Contract Officer: _____ Date: _____

FOPAL #: _____

SARIC |UCOM 3850 | Mobile, AL 36688 | 251-380-2741 | Fax 251-380-2707