## PERSONAL SERVICE AGREEMENT CO-802A REV. 2/08

STATE OF CONNECTICUT OFFICE OF THE STATE COMPTROLLER

1. PREPARE IN QUADR			CONTRACTOR AS LIS	TED BEI OW HEB	EDV ENITED INIT	O ANI ACREEMENT						
	ERMS A	ND CONDI	TIONS STATED HEREI	N AND/OR ATTAC	HED HERETO A	ND SUBJECT TO						
3. ACCEPTANCE OF THIS CO		:TION 4-98 OF THE CONNECTICUT GENERAL STATUTES AS APPLICABLE. DNTRACT IMPLIES CONFORMANCE WITH TERMS AND CONDITIONS SET FOR' IND MANAGEMENT PERSONAL SERVICE AGREEMENT STANDARDS AND PRO					(1)	ORIGINAL	AMENDMENT	(2) IDENTIFICATION P.S.	I NO.	
		1								ARE YOU PRESENTLY YES NO		
CONTRACTOR	₹	CONTRACTOR ADDRESS  A STATE EMPLOYEE?  CONTRACTOR FEIN/SSN - SUFFIX									FIX	
		(5) AGENCY NAME AND ADDRESS										
STATE AGENCY												
CONTRACT PERIOD		(6) DATE (F	ROM)	THROUGH (TO)		(7) INDICATE  MASTER AGREE	INDICATE  MASTER AGREEMENT CONTRACT			NEITHER		
CANCELLATION CLAUSE		THIS AGREEMENT SHALL REMAIN IN FULL FORCE AND EFFECT FOR THE ENTIRE TERM OF THE CONTRACT PERIOD STATED ABOVE UNLESS CANCELED BY THE STATE BUSINESS UNIT, BY GIVING THE CONTRACTOR WRITTEN NOTICE OF SUCH INTENTION (REQUIRED DAYS NOTICE SPECIFIED AT RIGHT)  (8) REQUIRED NO. OF DAYS WRITTEN NOTICE										
COMPLETE DESCRIPTION OF SERVICE	I	(9) CONT	TRACTOR AGREES TO	D: (Include special	provisions - Atta	ach additional blank sl	neets if ne	ecessary.)				
COST AND SCHEDULE OF PAYMENTS												
(11) OBLIGATED AMOUNT												
(12) AMOUNT	(13) FUI	ND	(14) DEPARTMENT	(15) SID	(16) PROGRAI	(17) ACCOUNT	(18)	PROJECT/ GRANT	(19) CHARTFIELD 1	(20) CHARTFIELD 2	(21) BUDGET REFERENCE	
An individual entering in an independent contract of Internal Revenue Cor responsible themselves	ctor, and de Sect	d does notion 3121 (	t satisfy the characterisd) (2). Individuals perfo	stics of an emplo orming services a	yee under the o s independent o	common law rules for contractors are not en	determin nployees	ing the emplo of the State o	oyer/employee relat of Connecticut and a	ionship		
ACCEPTANCES AND APPROVALS							(22) STATUTORY AUTHORITY					
(23) CONTRACTOR (OWNER OR AUTHORIZED SIGNATURE)							TITLE				DATE	
(24) AGENCY (AUTHORIZED OFFICIAL)						TITLE	TITLE				DATE	
(25) OFFICE OF POLICY & MANAGEMENT/DEPARTMENT OF ADMINISTRATIVE SERVICES						TITLE						
(26) ATTORNEY GENERAL (ARRENOVED AS TO FORM)									· · · · · · · · · · · · · · · · · · ·	DATE		

PHOTOCOPY-OPM/DAS