

Independent Contractor Certification
REQUIRED to be attached to EACH Independent Contractor Requisition

Name _____ Date _____

Employment Status: Non-State **Other UT Campus **Other Texas Educational Institution

** Other UT Campus or Other Texas Educational – Institution/Agency Name _____

** Have notified current Institution of services being rendered to UT Dallas Yes

Are you a Teacher Retirement System Retiree? Yes No

If yes, what Teacher Retirement System Institution did you work for?

What was the date of your retirement? _____
DD/MM/YY

Certification

By signature below, I certify that the information listed above is accurate and describes accurately my retirement status as it relates to the Teacher Retirement System.

Signature

Date

Please provide a signed copy to the department that you will be providing service to.