



COLLEGE OF MICRONESIA-FSM

P. O. Box 159, Kolonia, Pohnpei

Federated States of Micronesia 96941

Tel: (691) 320-2480/481/482

Fax: (691)320-2479

PERSONAL SERVICES CONTRACT

Contract No. _____

1. This contract for personal services is entered into between _____ COM-FSM and _____
2. _____
3. Address _____
4. Hereinafter referred to as contractor, and the College of Micronesia-FSM, hereinafter referred
5. to as the College.
6. The College requires the services of a qualified: _____
7. To perform the following services: _____
8. Commencing _____ Terminating _____
9. Total College obligation not to exceed \$ _____
10. Payment to be made: _____ Biweekly to coincide with college's payroll. _____
11. FSM Social Security taxes and income taxes will be deducted from these payments as itemized.
12. Please take note that the College will deduct these taxes and pay them applying the tax payment and tax rate to the quarter in which the contract payment is made. This tax payment arrangement may not reflect all wages earned in any given quarter. If you have concerns about accruing wages for social security crediting, please review the manner in which payments will be made under this contract prior to signing.
14. The Contractor agrees to perform the duties set out above to the satisfaction of the College
15. as certified before final payment to compensation by: _____
(Name of Certifying Officer/Supervisor)
16. on behalf of the College.
17. In the event that the Contractor fails to commence the employment on or about the date indicated above, or if having
18. Commenced work, the Contractor abandons the work or fails to complete the work or the certifying office is dissatisfied with the
19. work performed under the contract, which may be determined at the certifying officer's sole discretion, then the college reserves
20. the right to cancel this contract and the College will be liable for the reasonable work performed, if any.

Funds available:

College of Micronesia-FSM

Account No. _____

By: Joseph M. Daisy, EdD
(President, COM-FSM)

Date

(Comptroller)

Contractor's Name

Date

Date

(Department Vice President)

Date