

PERSONAL SERVICES AGREEMENT REQUEST FORM

(This is NOT a contract)

This form is a request form for a State of Connecticut Personal Services Agreement (PSA). You should meet with your advisor before starting this process. You will then use this form to make sure you have all the necessary information. Once completed, submit the form to the Student Life/Student Activities Office (SC 220). The Personal Services Agreement will then be facilitated through the SL/SA Office.



CAMPUS & STUDENT CENTERS

(A) Organization Information:

Name: _____

Account Number: _____

Fund: - 815 (Fundraising/Housing) - 816 (SGA Funds)

Contact Name: _____

Phone: _____ Email: _____

Advisor Name: _____

Phone: _____ Email: _____

(B) Event Specifics:

Artist's Name: _____

Description of Program or Service: _____

Date(s) of Program or Service: _____

Start Time: _____ End Time: _____

Location of Program: _____

Scheduled Sets: _____

Title of Program: _____

Artist Fee: \$ _____

Ticket Price(s): \$ _____

(C) Tech Requirements/Set-up:

Artist's Arrival Time: _____ Setup Time: _____

Specific Room Set-up Requirements: _____

Time of Load out/Break Down: _____

Sound System Provided By (indicate whether venue, Media Services, artist or outside company)

Lighting Provided By (indicate whether venue, artist or outside company)

For SL/SA Only

Date Received ____/____/____

Date Drafted ____/____/____

Date Returned ____/____/____

(D) Hospitality Details:

All Hospitality requirements must be included in the Personal Services Agreement. The Student Life/Student Activities Office will not be able to provide any hospitality items to the artist on site unless already stated in the PSA. Make this clear to the agency/artist when discussing these items.

Hotel Accommodations:

Does the Artist require hotel room(s): - no - yes

If yes: Dates of Stay: _____

How many rooms? _____ Smoking? - no - yes

Catering:

Does the Artist require Catering: - no - yes

If yes: What time: _____

Special Requests (vegetarian, etc.) _____

Dressing Room:

Does the Artist require a Dressing Room: - no - yes

Transportation:

Does the Artist need transportation: - no - yes

If yes: Please describe need (air, car service, train, etc):

(E) Payment Information:

Name to Appear on the Check: _____

Mailing Address: _____

Telephone _____

Fax: _____

Email: _____

Is this person currently an employee of the State of CT (working for a state agency)?

- no - yes

Does this person have an immediate family member who is a State of CT employee (working for a state agency)?

- no - yes

Has this person contracted with the University anytime during the past twelve months? - no - yes

(F) Required Signatures:

Treasurer or President – Print

Treasurer or President – Signature

Advisor – Signature

SAFM

Date

Date