



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.