

For Internal Use Only

Date Received: _____

Contract #: _____

HOFSTRA UNIVERSITY

CONTRACT APPROVAL FORM – Cover sheet for Contract

(Attach Contract Advisement Form and two original Contracts to this form)

CONTRACT

I have reviewed the contents of this contract/agreement on the date indicated by my name, and I concur with the content, acknowledge the University’s responsibilities and capabilities, and verify the budget proposed therein. I have also reviewed and agree with the attached contract Information Form describing the contract and its value to the University and verify budget approval by the appropriate Director, Dean or Vice President

- () _____ Sandra Johnson, VP Student Affairs
- () _____ Peter J. Libman, Dean of Students
- () _____ Sarah M. Young, Executive Director OSLA
- () _____ Stanley Cherian, Associate Director OSLA
- () _____ Robyn Kaplan, Associate Director OSLA
- () _____ Mario Bolanos, Assistant Director OSLA
- () _____ Jaclyn Congello-Vento, Assistant Director OSLA
- () _____ Ashley Gray, Assistant Director OSLA
- () _____ Brendan M. Caputo, Assistant Director OSLA

Approved as to insurance requirements:

By: _____ Date: _____

Approved, Office of General Counsel:

By: _____ Date: _____

Hofstra University

Contract Information Form **(to be attached to all proposed contracts)**

1. VENDOR/CONTRACTOR INFORMATION:

Contractor

Name 1 : _____

Address: _____

Telephone No.: _____ Fax No.: _____

2. UNIVERSITY ORIGINATOR OF CONTRACT: (Person most familiar with details and responsible for implementation)

Name: _____

Title: _____ Telephone No: _____

3. BRIEF EXPLANATION OF CONTRACT (including benefit to University):

4. HOW WAS VENDOR SELECTED? (explain prior work performed for University, Relationship to University, etc.) _____

Complete, accurate contractor name must appear on contract. If the vendor is a corporation, the contract must be signed by a corporate officer indicating he/she is an officer having authority to sign on behalf of the corporation.

**HOFSTRA UNIVERSITY
CONTRACT INFORMATION FORM**

5. COMMENCEMENT DATE (work may not commence until contract is executed and insurance certificate received and approved): _____

6. TERM OF CONTRACT: _____

7. COST OF CONTRACT: _____

8. BUDGET APPROVAL:
(indicate budget codes): _____

9. IS THE CONTRACT ON A STANDARD HOFSTRA UNIVERSITY FORM?

Yes _____ No _____

10. HAS THE STANDARD FORM OF CONTRACT BEEN ALTERED IN ANY WAY?

Yes _____ No _____

11. ARE REQUIRED INSURANCE CERTIFICATES ATTACHED?

Yes _____ No _____

12. SHOULD SIGNED CONTRACT BE RETURNED TO DEPARTMENT, OR SENT TO VENDOR OR SOMEWHERE ELSE? (specify below)

13. ADDITIONAL COMMENTS: _____

PREPARED BY: _____ DATE: _____

Hofstra University - Guest Lecture Volunteer Agreement

1. Guest Lecturer acknowledges, understands and agrees to all of the following:
 - a. that s/he is freely donating his/her services to Hofstra University as a guest lecturer pursuant to this Agreement on a volunteer basis;
 - b. that s/he will not be compensated for and that s/he has no expectation of compensation for any of the services rendered under this Agreement;
 - c. that Hofstra University has the right to release Guest Lecturer from this volunteer appointment without prior notice;
 - d. that s/he is donating the services for humanitarian, civic or charitable purposes; and
 - e. that s/he is not considered an employee of Hofstra University by virtue of any provision of this Agreement or by virtue of any services performed under this Agreement and, therefore, is not entitled to any compensation or remuneration or employment benefits nor may s/he bind or obligate Hofstra University in any way.

2. Guest Lecturer shall comply with all applicable Hofstra University policies (<http://www.hofstra.edu/About/Policy/index.html>), including Hofstra University's Harassment Policy, which is available on Hofstra's website at http://www.hofstra.edu/pdf/Faculty/Senate/senate_FPS_43.pdf.

3. Guest Lecturer understands that, to the extent permitted by law, any injury, incident, or illness incurred in the course of his/her volunteering at Hofstra University, will be covered by applicable state workers' compensation insurance and Guest Lecturer intends to allow Hofstra University to invoke such coverage on his/her behalf. If Guest Lecturer has an accident or injury in the course of his/her volunteering at Hofstra University, Guest Lecturer shall report any such injury or accident to the Hofstra University Department of Public Safety or to the Hofstra University Human Resources department.

Print Guest Lecturer Name

Signature of Guest Lecturer

Date