

Independent Contractor Agreement Extension

[Date]

[Contractor Name]

[Contractor Address]

Previous PO#: [Insert Previous PO#]

Dear [insert contractor name]:

Reference is made to the Independent Contractor Agreement, dated [insert date of original agreement], between Albert Einstein College of Medicine and [insert contractor name] (“Agreement”). This letter confirms our agreement to extend the term of the Agreement to [insert end date], as it may be further amended hereunder.

To the extent the Agreement, including any attachments, does not already incorporate the following language, the Agreement is hereby amended to add the following language to the Independent Contractor Terms and Conditions attached to and incorporated into the Agreement:

“Consistent with the Stop Sexual Harassment in NYC Act, Consultant shall, in any calendar year in which Consultant provides Services to Einstein (under this or any other agreement) on at least ninety (90) days and for more than 80 hours, obtain anti-sexual harassment interactive training compliant with said Act and provide to Einstein proof of completion of such training. Where required, Consultant shall provide such proof prior to the effective date of this agreement and promptly after the start of any subsequent calendar year in which this agreement shall continue. Consultant recognizes that training compliant with said Act, and proof of completion, may be obtained for free online on the website of the City of New York (at <https://www1.nyc.gov/site/cchr/law/sexual-harassment-training.page>) or similar.”

Except as set forth herein, all other terms and conditions of the Independent Contractor Agreement shall remain in full force and effect.

Please sign below to confirm your agreement and return one fully executed copy of this letter to the Albert Einstein College of Medicine.

Sincerely,

Peter A. Bernacki

Senior Director of Procurement and Business Services

Agreed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Independent Contractor Signature*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Print*

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- |
| Consultant must attest whether in any calendar year they will be providing Services to Einstein on at least ninety (90) days and for more than 80 hours. If Yes, please go to [https://www1.nyc.gov/site/cchr/law/sexual-harassment-training.page](https://nam04.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww1.nyc.gov%2Fsite%2Fcchr%2Flaw%2Fsexual-harassment-training.page&data=04%7C01%7Cpeter.bernacki%40einsteinmed.org%7C8eaabe37c1454970150308d898678314%7C9c01f0fd65e040c089a82dfd51e62025%7C0%7C0%7C637426917628214421%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=JkHybb%2FzP4Wd%2BPnXuYUJVVnKZYKwm4cLT%2FFq4JHUVLA%3D&reserved=0) complete the training and email proof of completion to [aepurchasing@einsteinmed.edu](mailto:aepurchasing@einsteinmed.edu). | |  | | --- | | YES \_\_\_ NO \_\_\_ | |