

# WAYNE STATE UNIVERSITY

## Personal Services Contract Checklist

Date:
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**Section 1. INDIVIDUAL/DEPARTMENT INFORMATION**

Name of Individual:	Phone Number:		
Check one): <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Non-Resident Alien <input type="checkbox"/> Green Card Holder	Mailing Address:		
Department Name:	Campus Phone #:	Account/Index #:	
Department Contact Person ( <b>Print</b> ):	Contact E-Mail Address:		
Description of services to be provided:	Location where services will be provided:		
	Start Date:	End Date:	
	Total Fee:		
	Fee Based on: <input type="checkbox"/> Fixed fee <input type="checkbox"/> Hourly Rate <input type="checkbox"/> Other, please explain:		

The information provided will assist the University in determining whether the individual performing the services will be classified for tax purposes as an employee of the University or as an Independent Contractor.

This form must be completely filled out and signed by a preparer, and must be signed by the authorized University official (or officer at same level as University official) who will sign the Personal Services Contract. Once HR Consultant and department determine Independent Contractor status, this checklist must be submitted with the proposed Personal Services Contract and associated Purchase Requisition via Wayne BUY for processing by Procurement and Strategic Sourcing.

Refer to [APPM Section 2.5](#) for details.

**Section 2. GENERAL**

- 1)  Yes  No Is the individual currently or has the individual been previously performing services for the University?  
If yes, please provide Banner ID or Access ID \_\_\_\_\_
- 2)  Yes  No Has the worker been or is the worker currently employed at the University? If yes, please provide the worker's Banner ID or Access ID here: \_\_\_\_\_
- 3)  Yes  No Is it expected that the University will hire the individual at the end of the independent contractor/consulting services?
- 4)  Yes  No During the 12 months prior to the date on which the independent contractor services commenced, did the individual have an official University appointment and provide the same or similar services?
- 5)  Yes  No Is the individual currently a student of the university or has he/she been a student within the past 4 months?
- 6)  Yes  No Is the worker required to comply with instructions from the University about when, where, **and** how the work is to be done? (All three factors must be met to check yes for this question.)

If the answer is 'Yes' to any of the above questions, please **skip to Section 6**, complete that section, and forward to the HR Region email address assigned to your area. If the above answers are all 'No', please complete all remaining sections and forward signed and completed documents to the HR Region email address assigned to your area.

### Section 3. BEHAVIOR CONTROL

- 7)  Yes  No Does the worker receive initial and/or ongoing training from the University to perform the job?
- 8)  Yes  No Must the worker render the services personally?
- 9)  Yes  No Does the University hire, supervise, or pay another individual to assist the worker on the job?
- 10)  Yes  No Does the University set the worker's work schedule?
- 11)  Yes  No Is the work performed at the University or at a specific place designated by the University?
- 12)  Yes  No Does the University direct the sequence in which the work must be done?
- 13)  Yes  No Is the worker required to do the most essential work without delegating or assigning it to others?
- 14)  Yes  No Is the worker required to have University approval to hire his or her own assistants?

### Section 4. RELATIONSHIP WITH THE UNIVERSITY

- 15)  Yes  No Are the services provided by the worker an integral part of the University's, hiring departments', or division's operations?
- 16)  Yes  No Is there a continuing relationship between the worker and the University?
- 17)  Yes  No Must the worker submit regular oral or written status reports to the University (other than invoices)?
- 18)  Yes  No Is the worker subject to dismissal for reasons other than nonperformance of the contract?
- 19)  Yes  No Can the worker terminate the relationship with the University at will?
- 20)  Yes  No Is the work in question customarily performed by employees?
- 21)  Yes  No Is it industry practice or custom in this particular area to perform these duties as an independent contractor? If yes, please explain:
- 22)  Yes  No Are the services an on-going recurring business activity without a definitive end?

### Section 5. FINANCIAL CONTROL

- 23)  Yes  No Is the worker required to devote his or her full time to the University?
- 24)  Yes  No Does the worker work exclusively for the University (as opposed to working for a number of companies or organizations)?
- 25)  Yes  No Is the service of the worker made available to the public?
- 26)  Yes  No Are business and travel expenses reimbursed?
- 27)  Yes  No Will the University supply tools, materials, and equipment to perform the work? If yes, please explain:
- 28)  Yes  No Is the University obligated to pay for the services even if the result is unsatisfactory?
- 29)  Yes  No Will the University receive an invoice from the party for the services rendered?
- 30) How will the worker be paid? Will they be submitting an invoice to be paid, if so how frequently?

Add comments to support this request:

## Section 6. AUTHORIZED SIGNATURES

I have read the above questions and the responses thereto are true to the best of my knowledge.

**Note:** This form may be signed by PDF digital signatures, facsimile signatures or other forms of electronic delivery of an image file reflecting the execution hereof, and, if so signed may be relied on as if the document was a manually signed original.

Approval requested by:	Date:
Signature or e-Signature of Preparer, a University employee who is most knowledgeable of the nature of work to be done and the related project.	
Typed Name:	

Signature or e-Signature of University Official (or officer at same level as University Official)*:	Date:
Typed Name:	

This form must be completely filled out and signed by a preparer, and must be signed by the authorized University official (or officer at same level as University official)\* who will sign the Personal Services Contract.

\* For authorized University Official signatures, refer to policy: [04-6 Contract Signatories](#)

## Section 7. HUMAN RESOURCES DETERMINATION

Determination: Reason(s) for determination:

Independent Contractor

Employee

Human Resource Consultant Signature or e-Signature:	Date:
Typed Name:	

Once HR Consultant and department determine Independent Contractor status, this checklist must be submitted by the requesting unit with the proposed Personal Services Contract and associated Purchase Requisition via Wayne BUY for processing by Procurement and Strategic Sourcing.

If worker is determined to be an employee, HR Talent Management Coordinator or HR Consultant must be contacted for next steps.