

**PART I -- To be completed by prospective independent contractor (i.e., the individual providing a service)**

Are you a citizen of the United States? \_\_\_\_\_ If the answer is "NO", what visa type do you have? \_\_\_\_\_  
**If you are not a US Citizen or do not have Permanent Residency you need to fill out additional paperwork. Please contact The University of Hartford Financial Accounting Services Department.**

Name \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

Home Mailing Address \_\_\_\_\_

Describe the Services to be provided: \_\_\_\_\_

Term of Service (specific dates): \_\_\_\_\_ Do you have a relative employed at the University? \_\_\_\_\_

If "Yes" please provide their name and department: \_\_\_\_\_

**Section I – Relationship with the University**

	Yes	No
A. Do you currently work for the University as an employee?	<input type="checkbox"/>	<input type="checkbox"/>
B. Has the University extended you an offer of employment?	<input type="checkbox"/>	<input type="checkbox"/>
C. Have you worked as an employee of the University during the 12 months prior to the date of this contract?	<input type="checkbox"/>	<input type="checkbox"/>

*If the answer is "NO" to all questions, proceed to Section II.  
 If the answer is "YES" to any of the questions, the individual should be classified as an employee and paid via payroll.*

**Section II – Classification Guidelines (Complete A, B and C.)**

<b>A. Guest Speaker</b>	Yes	No
1. Have you been invited, as a guest speaker, to lecture in a seminar, colloquium, class, etc? <i>If the answer to question 1 is "Yes", proceed to question 2 through 5. If the answer to question 1 is "No", proceed to Item B.</i>	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you been engaged by the University more than 5 times in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
3. Will the University provide you course materials and tools?	<input type="checkbox"/>	<input type="checkbox"/>
4. Will the University reimburse you for course related expenses?	<input type="checkbox"/>	<input type="checkbox"/>
5. Will the department provide specific instructions regarding performance of the required work rather than relying on your expertise? <i>If the answer is "YES" to any of the above questions 2 through 5, the individual should be classified as an employee and paid via payroll. If the answer is "No" to all questions 2 through 5, treat the services performed as honoraria. An Order for Check form should be used to process payment for service rendered through Accounts Payable.</i>	<input type="checkbox"/>	<input type="checkbox"/>

<b>B. Researcher</b>	Yes	No
1. Will you be performing research services to the University of Hartford? <i>If the answer to question 1 is "Yes", proceed to questions 2 through 5. If the answer to question 1 is "No", proceed to Item C.</i>	<input type="checkbox"/>	<input type="checkbox"/>
2. Will you perform research under the supervision of a University professor or employee? <i>If the answer to question 2 is "Yes", treat the individual as an employee. If the answer to question 2 is "No", proceed to questions 3 through 5.</i>	<input type="checkbox"/>	<input type="checkbox"/>
3. Will you serve in an advisory or consulting capacity with a University Professor or employee?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you provided the same or similar services to other unrelated entities in the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
5. Will your period of service be completed within a finite time frame?	<input type="checkbox"/>	<input type="checkbox"/>
6. Will the University reimburse you for any expenses?	<input type="checkbox"/>	<input type="checkbox"/>
7. Will the University provide you with any tools or supplies? <i>If the answer to questions 3, 4, and 5 is "Yes", treat the individual as an Independent Contractor. Otherwise the individual should be paid as an employee via payroll.</i>	<input type="checkbox"/>	<input type="checkbox"/>

<b>C. Individual not covered under Items A and B</b>	Yes	No
1. Have you provided the same or similar services to other unrelated entities or to the general public as a trade or business during the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
2. Will your period of service be performed within a finite time frame?	<input type="checkbox"/>	<input type="checkbox"/>
3. Will the department provide specific instructions regarding performance of the required work rather than relying on your expertise?	<input type="checkbox"/>	<input type="checkbox"/>
4. Will the University set the number of hours and/or days of the work week that you are required to work, as opposed to you setting your own work schedule?	<input type="checkbox"/>	<input type="checkbox"/>
5. Will the University reimburse you for any expenses?	<input type="checkbox"/>	<input type="checkbox"/>
6. Will the University provide you with any tools or supplies? <i>If the answer to question 1 and 2 is "Yes" and 3, and 4 is "No", treat the individual as an Independent Contractor. Otherwise the individual should be paid as an employee via payroll.</i>	<input type="checkbox"/>	<input type="checkbox"/>

**PART II -- To be read and signed by Individual providing the service -- SIGNATURE REQUIRED FOR PAYMENT**

By signing below, I warrant and affirm that the information provided herein is true, complete and correct. I agree to personally indemnify and hold the University of Hartford harmless from any claim, damages or liabilities resulting directly or indirectly from reliance thereon. I understand that I qualify  or do not qualify  (**You must check one, and only one**) as an Independent Contractor and that I am responsible for any taxes resulting from this engagement.

Name (print) \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Return this signed form with a completed IRS W-9 form and proof of liability insurance coverage to the University department/unit that engaged you to perform services. **Do NOT begin work until** you have received a signed copy of this form and a Purchase Order number from the University.

If you qualify as an independent contractor, all engagements require you to obtain a **Purchase Order** from the University **prior to beginning work**. **Do not begin work until you have a purchase order**. Failure to follow these instructions may result in nonpayment for services. This form combined with the University Purchase Order (and Contractual Agreement, if applicable) constitutes the entire agreement between you and the University of Hartford. Independent Contractors are required to invoice the University of Hartford for services rendered in accordance with the terms of the Purchase Order (and Contractual Agreement, if applicable). All invoices must reference the applicable Purchase Order number.

If you do not qualify as an independent contractor you must go through the payroll process before performing services.

**PART III -- For Official Use Only \*\*\*FOR HRD COMPLETION ONLY\*\*\***

**Section I – Verification of employment at the University – THE UNIVERSITY DEPARTMENT/UNIT REPRESENTATIVE MUST ENSURE THE COMPLETION OF THIS SECTION BY AN HRD REPRESENTATIVE.**

The above named individual is  or is not  (**You must check one, and only one**) a current employee of the University of Hartford.

If a former employee, the last date of employment was \_\_\_\_\_.

\_\_\_\_\_  
Signature Title Date

**Section II - TWO SIGNATURES ARE REQUIRED FOR PAYMENT. THIS PART TO BE COMPLETED BY A UNIVERSITY DEPARTMENT/UNIT REPRESENTATIVE:**

**The University employee signing below warrants: that he or she has reviewed the information provided on this form; that the information is true to best of the signer's knowledge, and; the individual's representations regarding the services to be performed and concomitant compensation to be paid are correct.**

The signer below should be the University Employee most familiar with the independent contractor's operations.

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

I have reviewed the Independent Contractor Policy and the information provided on this form. Based upon my review, and/or other knowledge that I may possess, I have determined that this form is complete and the Individual named in Part I qualifies  or does not qualify  (**You must check one and only one**) as an Independent Contractor as that term is defined by the Internal Revenue Code.

The signer below should be the Supervisor of the University Employee who has reviewed the information and signed above. This person should also have the authority to approve payment for the independent contractor in accordance with the existing Purchasing / Accounts Payable approval process.

\_\_\_\_\_  
(Print Name) Date \_\_\_\_\_

\_\_\_\_\_  
(Signature) Date \_\_\_\_\_

***\*Once this form is properly completed please forward to the Procurement Department for processing. We will send you the vendor ID # for you to use when creating the Purchase Requisition.***