



Consultant/Independent Contractor Review Questionnaire

You have forwarded a Consulting Agreement to the Purchasing Department. There are additional facts needed before a final determination can be made. Please complete this Questionnaire and return it to the Purchasing Department as soon as possible.

A final decision **WILL NOT** be made until this form is reviewed.

Name of Proposed Consultant/Independent Contractor:

Address

Phone Number

Is this person: UM employee Yes No
 UM student Yes No

An employee of the federal government Yes No

Related to a person who is employed by your department Yes No

This Consultant's citizenship is USA

Resident Alien (has green card)

Non-Resident Alien

For Non Resident Alien:

Country of Citizenship (for Treaty Review)

Will Consultant file a form 8233 (Exemption from FICA) based on tax treaty (if any)?

How long has consultant been in the U.S.?

Type of Visa (Necessary for tax reporting purposes).

Statement explaining the need for this outside service; explain the extent of direction, training or supervision required. Will this outside service be assigned a UM office or require UM administrative services?

Statement of work. Describe the specific tasks and expected deliverables which require the use of this outside service. Explain why the work **cannot** be performed by an individual who is now, or could become, a University employee.

What qualifications and resources must the outside service possess to adequately perform the required work (e.g., familiarity with the work; previous consulting experience; access to special equipment or facilities; expertise in a specialized field)?

Provide the names of all other individuals and/or firms which have been considered. Give the reasons for selecting the recommended outside service.

Term: Service will be required from _____ through _____ . Will additional service be required by this
outside service after the term has expired? No If Yes, Please Explain.



CONSULTANT / INDEPENDENT CONTRACTOR REVIEW QUESTIONNAIRE

Please circle the appropriate response to the following and submit to the UM Purchasing Department

1. Works on own -- decides how and when work is to be done without UM direction or instruction. Yes No
2. Requires training for job from UM. Yes No
3. Integrates the service provided into the general business operations of UM. Yes No
4. Performs the work personally. Yes No
5. Hires and pays their own assistant Yes No
6. Hired to do one job at a time, and has not worked for the UM in the past 12 months. Yes No
7. Able to set own hours. Yes No
8. Works full-time for UM. Yes No
9. All work done on UM premises. Yes No
10. Sets own pace and sequence of services performed. Yes No
11. Oral or written interim reports are required. Yes No
12. Paid on commission or per job basis (not hourly wage) Yes No
13. Responsible for own business or travel expenses. Yes No

14. Furnishes own tools and materials. Yes No
15. Has an investment in his/her own business. Yes No
16. Good or bad decisions affect personal gain or loss - does not get paid the same regardless of outcome. Yes No
17. Works for other employers at the same time as doing UM work. Yes No
18. Provides services to the general public Yes No
19. Cannot be discharged if contract specifications are met. Yes No
20. Responsible for satisfactory completion of the project - legally obligated to make good for failure to complete job. Yes No

<p>Prepared by:</p> <p>PI/Department Head/Supervisor</p> <p>Department:</p> <p>Date Phone Number</p>	<p>Reviewed by UM Purchasing Department:</p> <p>Date</p> <p><input type="checkbox"/> Independent Contractor Status</p> <p><input type="checkbox"/> Employee Status</p> <p>State Reason for Approval</p>
<p>_____ Authorized Signature</p>	<p>_____ Authorized Signature</p>