



Personal Services Questionnaire

This form is used as a guide for determining whether individuals to whom payments are made for personal services should be treated as employees or as independent contracts per IRS guidelines. Please answer each question to the best of your knowledge. Needed clarification should be provided in the "Comments" section of this form. The completed form should be submitted through the Purchasing Department for determination of how each individual will be treated in this regard.

Name of Individual Providing Services:	[]
Department Name:	[]
Department Head:	[]
Description of Services Provided:	[]

	Criteria	Yes/No	Comments
	BEHAVIORAL CONTROL		
1	Does the University provide instruction as to when and where the services are performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	[]
2	Does the University provide the tools or equipment for the individual to use?	<input type="checkbox"/> Yes <input type="checkbox"/> No	[]
3	Does the University provide instruction on what workers to hire or to assist with the work (if applicable)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	[]
4	Does the University provide instruction as to where supplies and services should be purchased?	<input type="checkbox"/> Yes <input type="checkbox"/> No	[]
5	Does the University provide instruction as to what work must be performed by a specified individual?	<input type="checkbox"/> Yes <input type="checkbox"/> No	[]
6	Does the University provide instruction as to the order of sequence to follow in performing the work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	[]
7	Does the University provide training to the individual performing the services/work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	[]
	FINANCIAL CONTROL		
8	Does the individual have unreimbursed business expenses related to the services / work performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	[]

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9	Does the individual have a significant financial investment in the facilities he or she uses in performing services?	<input type="checkbox"/> Yes <input type="checkbox"/> No	[]
10	Does the individual general make his or her services available to the relevant market?	<input type="checkbox"/> Yes <input type="checkbox"/> No	[]
11	Is the individual guaranteed a set amount for an hourly, weekly, or other period of time?	<input type="checkbox"/> Yes <input type="checkbox"/> No	[]
TYPE OF RELATIONSHIP		[]	[]
12	Is there a written contract describing the relationship between the individual and the University? (If yes, please provide a copy.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	[]
13	Does the University provide the individual with employee-type benefits, such as insurance, pension plan, vacation pay, or sick pay?	<input type="checkbox"/> Yes <input type="checkbox"/> No	[]
14	Is there an expectation that the relationship with the individual will continue indefinitely, rather than for a specific project or period?	<input type="checkbox"/> Yes <input type="checkbox"/> No	[]
15	Are the services provided by the individual a key aspect of the regular business activity of the University?	<input type="checkbox"/> Yes <input type="checkbox"/> No	[]

Additional Comments: []

After you have entered the necessary information to complete this questionnaire, please sign and date below and forward to the Business Office for review.

Signatures

Form Completed
By: [] _____ **Date:** [] / [] / []

Department Head: [] _____ **Date:** [] / [] / []

Reviewed By: _____

Date: _____

Determination: _____