

MEMBER: _____

INDEPENDENT CONTRACTOR STATUS CERTIFICATION

Date: _____ Account No.: _____

Project Administrator: _____ Department: _____

Name of the Person Completing This Form: _____

Name of the Individual to be paid: _____

Address of the Individual to be paid: _____

Email of Individual to be paid: _____

(1) Detailed description of the work to be performed (including deliverables and/or result of the service(s)): _____

(2) What are the qualifications of this individual for this specific work? _____

(3) Location where the work will be performed (City/State, TAMU Campus, Individual's Home, etc.): _____

(4) Period of performance for the services: From: _____ To: _____

(5) Total amount of the payment to be paid to individual (if \geq \$10,000, Buy A&M Open Market is required): \$ _____
(if less than \$10,000, Buy A&M Direct Open Market is required)

(6) Type of payment (travel reimb. or rate per day, fixed amount per task, etc.—not hourly): _____

(7) Justification for the amount of the payment:

industry standard

negotiated rate

approved by sponsor

other (describe): _____

(8) Is the individual currently an employee of The Texas A&M University System? (Note: student workers are considered employees)

Yes--If yes, list department and college: _____

No--If no, list name of current employer/self-employed/retired, etc: _____

(9) Has the individual previously been an employee of The Texas A&M University System? (Individuals cannot be paid as an Independent Contractor if they have been employed by TAMUS within the past 12 months. In addition, an individual who has been employed by TAMUS or another state agency at any time during the two years preceding and does not disclose the previous employment, voids the contract and ability to be paid as an independent contractor)

Yes—If yes, list the month and year of the termination date: _____

No

- (10) Is the individual currently an employee of a State of Texas Agency?
 Yes--If yes, are you doing the work on your own time or state time? (If on state time, individual is only allowed to be reimbursed for travel expenses.)
 No
- (11) Could this payment be viewed as a conflict of interest? Yes No
- (12) Is the individual related to a current employee of The Texas A&M University System?
 Yes--If yes, list the names and departments of the relatives: _____
 No
- (13) Is the individual currently an employee of the U.S. Federal Government?
 Yes--If yes, describe: _____
 No
- (14) Is the individual currently enrolled as a student at Texas A&M University?
 Yes--If yes, list department and college: _____
 No

CHECKLIST AND QUESTIONS

The following statements are designed to assist you in determining the proper status of the individual under consideration. Once you have completed the checklist, compare the number of "True" responses to "False" responses. If there are substantially more "True" responses, most likely the correct status is that of an employee. However, in some very special situations there may be an exception to this rule.

- | | True | False | |
|------|--------------------------|--------------------------|---|
| (15) | <input type="checkbox"/> | <input type="checkbox"/> | Instructions to the person regarding performance of the job are detailed and specific. |
| (16) | <input type="checkbox"/> | <input type="checkbox"/> | The person will receive (or the Principal Investigator has the right to do so) fairly close supervision and will be monitored often. |
| (17) | <input type="checkbox"/> | <input type="checkbox"/> | The Principal Investigator or supervisor determines the method by which the day-to-day work by the person is accomplished. |
| (18) | <input type="checkbox"/> | <input type="checkbox"/> | The Principal Investigator or supervisor provides (or has the right to do so) periodic work assignments from time to time that may vary. |
| (19) | <input type="checkbox"/> | <input type="checkbox"/> | The person's work hours are set by the Principal Investigator or supervisor. |
| (20) | <input type="checkbox"/> | <input type="checkbox"/> | It is important that the person work a minimum number of hours per week. |
| (21) | <input type="checkbox"/> | <input type="checkbox"/> | It is important that the person work at a particular location established by the Principal Investigator or supervisor rather than transmitting reports or other deliverables. (This statement does not apply to fieldwork.) |
| (22) | <input type="checkbox"/> | <input type="checkbox"/> | The person generally does not have a final work product (e.g., a report or software program, etc.) that can be viewed as a discrete subset of the project's overall objectives or deliverables. He or she will continue to work until the project, or some aspect of it, is completed. |
| (23) | <input type="checkbox"/> | <input type="checkbox"/> | It is the Principal Investigator's responsibility to hire and pay additional workers if the person originally hired needs assistance to complete the work assigned to that person. |
| (24) | <input type="checkbox"/> | <input type="checkbox"/> | All necessary <i>general</i> equipment, supplies, software, tools and other such items are supplied by the project without any expenditures for such on the part of the person to be hired. (This does not apply to specific and highly specialized equipment or tools for the unique work of the project.) |
| (25) | <input type="checkbox"/> | <input type="checkbox"/> | The person will need to receive training in order to do the work on the project; such training being of general application and not highly specific to the particular and unique aspects of this particular project. |
| (26) | <input type="checkbox"/> | <input type="checkbox"/> | The person will be paid on a regular basis (weekly, monthly, etc.). It is not customary or appropriate to pay on the basis of the job to be performed as a whole. (Disregard the use of advance or progress payments.) |
| (27) | <input type="checkbox"/> | <input type="checkbox"/> | The person automatically receives a check for a predetermined amount (rate per hour, weekly salary, etc.) without the necessity of submitting an invoice and/or other substantiating documentation. |
| (28) | <input type="checkbox"/> | <input type="checkbox"/> | The person will receive benefits such as vacation time, sick leave, health insurance coverage. |
| (29) | <input type="checkbox"/> | <input type="checkbox"/> | The person does not offer his or her services of a similar nature to others in the field; i.e., the person does not do any advertising or marketing (business listings, business cards, formal or informal solicitations, etc.). |

Tax Status: (Contact your Project Administrator for assistance – Mark One Only)

The individual **is** a U.S. citizen or a legal permanent resident alien (green card holder) and is performing work **in** the United States. **THE INDIVIDUAL MUST COMPLETE AND RETURN FORM W-9 PRIOR TO PAYMENT.**

The individual is **not** a U.S. citizen or a legal permanent resident alien (green card holder) and is performing work **outside** the United States. **THE INDIVIDUAL MUST COMPLETE AND RETURN FORM W-8BEN PRIOR TO PAYMENT.**
Country of Citizenship: _____

The individual is **not** a U.S. citizen or a legal permanent resident alien (green card holder) and is performing work **in** the United States. The individual must complete his/her record in GLACIER and submit copies of documents required by the tax summary report in GLACIER. Please send this form to the email address below for approval by the system member and for the system member to set the individual up in GLACIER.
Country of Citizenship: _____

EMAIL: agpayroll@ag.tamu.edu

Submission instructions:

• Please email this completed form to contracts@ag.tamu.edu for approval

AgriLife Contract Office:

Approved—Independent Contractor

Not Approved--Must be paid through TAMUS Payroll System (if not restricted by Visa status).

Approved By:

_____ TDH
Stephen A. Schulze _____ Date _____ PJM/BEJ
Assistant Vice Chancellor for Administration
Texas A&M AgriLife

AgriLife Risk and Compliance:

Screened by: _____
Last Name First Name Date(MM/DD/YYYY)

Results:

No results returned

Match - found to be a false positive; requires (1) description of how this hit was determined to be a false positive and (2) secondary unit screener signature/date

Match - found to be positive; requires secondary screener signature/date

Reason for determination of false positive (if applicable): _____