

**TEXAS A&M SPONSORED RESEARCH SERVICES
INDEPENDENT CONTRACTOR STATUS CERTIFICATION**

Date: _____ Account No.: _____

Project Administrator: _____ Department: _____

Name of the Person Completing This Form: _____

Name of the Individual to be paid: _____

Email Address of the Individual to be paid: _____

Address of the 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? **ATTACH RESUME OR VITA.**

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

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

(5) Total expected amount of the payment from the referenced account: _____
(If the cumulative amount (current + any future payments) for the service provided will exceed \$25,000, a PO/contract must be issued by the appropriate Purchasing Office before work can begin.)

(6) Type of payment (travel stipend, or rate per day, fixed amount per task, etc.): _____
Amount: _____

(7) Justification for the amount of the payment (industry standard, negotiated rate, approved by sponsor, etc.):

(8) Has the individual previously been, or is currently, an employee of The Texas A&M University System in the last 12 months, performing the same or similar duties? (Note: student workers are considered employees) (If yes, confirm that duties at the time of termination do not coincide with contracted services.)

☐ Yes--If yes, list the month and year of termination date, department, college and UIN

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

(9) Is the individual currently an employee of a State of Texas Agency?

☐ Yes--If yes, is the contractor doing the work on their ☐ own time or ☐ state time?
(If on state time, individual is only allowed to be reimbursed for travel expenses.)

☐ No

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(10) Could this payment be viewed as a conflict of interest? ☐ Yes ☐ No

(11) 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

(12) Is the individual currently an employee of the U.S. Federal Government?

☐ Yes--If yes, describe: _____

☐ No

(13) Is the individual currently enrolled as a student at Texas A&M University?

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

☐ No

(14) Is there a written contract between Texas A&M University System/Member and the person performing the services as an independent contractor?

☐ Yes

☐ No

(15) Does the person receive or expect to receive benefits from the University System/Member? Ex: Retiree receiving benefits

☐ Yes--If yes, please explain: _____

☐ No

(16) Will the person have a continuing relationship with Texas A&M University System/Member? ☐ Yes ☐ No

(17) If instructional duties are involved, will the instruction apply towards students, or will the person participate in testing/evaluating students for coursework leading toward, receiving academic credit?

☐ Yes

☐ No

(18) Is the person performing similar services for others concurrently with the services they are providing TAMUS?

☐ Yes--If yes, please explain: _____

☐ No

(19) Does this person advertise their services (business cards, business listing in a directory, website, etc.)?

☐ Yes--If yes, please attach a copy of each advertisement

☐ No

(20) Under what business name does the person perform their service?

List Business Name: _____

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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

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | (21) Instructions to the person regarding performance of the job are detailed and specific. |
| <input type="checkbox"/> | <input type="checkbox"/> | (22) The person will receive (or the Principal Investigator has the right to do so) fairly close supervision and will be monitored often. |
| <input type="checkbox"/> | <input type="checkbox"/> | (23) The Principal Investigator or supervisor determines the method by which the day-to-day work by the person is accomplished. |
| <input type="checkbox"/> | <input type="checkbox"/> | (24) The Principal Investigator or supervisor provides (or has the right to do so) periodic work assignments from time to time that may vary. |
| <input type="checkbox"/> | <input type="checkbox"/> | (25) The person's work hours are set by the Principal Investigator or supervisor. |
| <input type="checkbox"/> | <input type="checkbox"/> | (26) It is important that the person work a minimum number of hours per week. |
| <input type="checkbox"/> | <input type="checkbox"/> | (27) 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.) |
| <input type="checkbox"/> | <input type="checkbox"/> | (28) 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. |
| <input type="checkbox"/> | <input type="checkbox"/> | (29) 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. |
| <input type="checkbox"/> | <input type="checkbox"/> | (30) All necessary general 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.) |
| <input type="checkbox"/> | <input type="checkbox"/> | (31) 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. |
| <input type="checkbox"/> | <input type="checkbox"/> | (32) 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.) |
| <input type="checkbox"/> | <input type="checkbox"/> | (33) 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. |
| <input type="checkbox"/> | <input type="checkbox"/> | (34) The person will receive benefits such as vacation time, sick leave, health insurance coverage. |
| <input type="checkbox"/> | <input type="checkbox"/> | (35) The person does not offer his or her services of a similar nature to others in the field; (ie, the person does not do any advertising or marketing (business listings, business cards, formal or informal solicitations, etc.). |

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Tax Status: (Contact your Payroll Department 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.

☐ 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 contact your System Member GLACIER representative for approval, and request they set the individual up in GLACIER.

PI & Departmental Approval

Under penalties of perjury, I declare that I have examined this request, including accompanying documents, and to the best of my knowledge and belief, the facts presented are true, correct and complete.

Signature-Principal Investigator

Date

Signature-Departmental Representative

Date

SRS Review

Upon review of the submitted information, this independent contractor is deemed allowable per project guidelines.

Reviewed By:

Project Administrator

Date: _____

Assistant Director

Date: _____

NOTE: After SRS review, System Member Procurement Office will have final review and approval before payment is allowed to be processed.