



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).

Have you been an employee of UM during the past 24 months? If yes, please provide your job title, description of the work performed, department name and supervisor name.

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 ☐

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