

Texas A&M University
Employee vs. Independent Contractor Questionnaire

Name of person to perform service

Date submitted for review

RELATIONSHIP

- YES NO N/A 1) Is the person a U.S. Citizen or U.S. Legal Permanent Resident?
If "No," contact tax@tamu.edu.
- YES NO N/A 2) Does this person currently work as an employee within the Texas A&M University System?
If so enter the employee UIN _____
- YES NO N/A 3) Has this person worked for any entity in the Texas A&M University System within the last twelve months performing the same or similar services?
If so enter the employee UIN _____
- YES NO N/A 4) Is there a written contract between Texas A&M University and the person describing the services to be performed as an independent contractor?
- YES NO N/A 5) Does the person receive or expect to receive benefits from the University? If "Yes," explain.

- YES NO N/A 6) Will the person have a continuing relationship with Texas A&M University?
- YES NO N/A 7) If instructional duties are involved, will the instruction apply towards students receiving academic credit?
- YES NO N/A 8) If instructional duties are involved, will the person participate in testing/evaluating students for coursework leading towards academic credit?
- YES NO N/A 9) Is the person performing similar services for others concurrently with the services they are providing TAMU? If "Yes," explain.

- YES NO N/A 10) What type of advertising does the person do (business cards, business listing in a directory, website, etc.)? (Attach a copy of each advertisement).
- YES NO N/A 11) Under what business name does the person perform their service?
Business Name _____

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BEHAVIORAL CONTROL

YES NO N/A 12) Will the person receive training by the University? If "Yes," describe training.

YES NO N/A 13) Are work hours set by the University?

YES NO N/A 14) Is the person required to work a minimum number of hours?

YES NO N/A 15) Will the University provide the tools, equipment and or materials for the services to be performed?

YES NO N/A 16) Does the University have the right to hire, fire or discipline the person's workers/assistants?

YES NO N/A 17) If the person will perform research, will these services be performed under the direction and control of a University faculty member or employee?

YES NO N/A 18) If research services are performed, is the research primarily for Texas A&M University?

FINANCIAL CONTROL

YES NO N/A 19) Will compensation be paid on a weekly, monthly basis or other regular basis without submitting an invoice?

YES NO N/A 20) Does the person establish the level of payment for the services provided?
If "No," who does? _____

YES NO N/A 21) Are the person's services made available to the general public? If "Yes," explain.

YES NO N/A 22) If equipment, office space or other facilities are provided, will the person lease these?
If "Yes," what are the terms of the lease? (Attach a copy of explanatory statement).

YES NO N/A 23) Are any expenses incurred by the person in performance of services for TAMU reimbursed by TAMU?

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YES NO N/A 24) If liability insurance is typically required for the type of service being performed, will the person provide it at his/her own expense?

YES NO N/A 25) What economic loss or financial risk, if any, can the person incur beyond the normal loss of pay (for example, loss or damage of equipment, materials)?

Other Information

26) Provide a **description** of the services to be performed.

27) If a current employee or former employee (within last 12 months) within the Texas A&M University System, provide a **description** of the person's job duties.

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.

Name of Department Representative

Title

Date

Department