

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: _____

The Consultant / Independent Contractor is:

- | Yes | No | Description |
|------------|-----------|--|
| | | 1. a UM employee |
| | | 2. a UM student |
| | | 3. an employee of the federal government |
| | | 4. related to a person who is employed by your department or elsewhere at UM |
| | | 5. a U.S. citizen |
| | | 6. a resident alien (has a green card) |
| | | 7. a non-resident alien: |
| | | 7a. Will the consultant file a 8233 form (FICA exemption) based on tax treaty? |
| | | 7b. Country of citizenship (for treaty review) _____ |
| | | 7c. How long has the consultant been in the U.S.? _____ |

If the Consultant / Independent Contractor been an employee of UM during the past 24 months, provide your job title, description of the work performed, department name, and supervisor's name.

Explain the need for this outside service. (I.e.: What is the extent of direction, training, and supervision required. Will this outside service be assigned a UM office or require UM administrating services?)

Statement of Work. (I.e.: 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? (I.e.: 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.

The service will be required from (month)_____ (day)_____ (year)_____ to (month)_____ (day)_____ (year)_____. If additional services are required by this outside service after the term has expired, please explain.

The Consultant / Independent Contractor:

Yes	No	Description
		8. Works on their own and decides how and when work is to be done without UM direction or instruction
		9. Requests UM training to perform the relevant tasks
		10. Service Provided is critical, necessary, or central to UM's principal mission of teaching and healthcare.
		11. Performs the work personally.
		12. Hires, trains, supervises, and/or pays own assistants
		13. Services provided to UM require specialized skills
		14. Has provided services to UM, as a contractor, consultant, or employee, within the last 12 months
		15. Works full time for UM, and at UM's request, does not provide services to other entities while providing services to UM

Yes	No	Description
		16. Works on UM premises
		17. Sets own pace and sequence of services performed, including, setting their own hours as to when the services for UM will be completed
		18. Sets their own fees for the services provided
		19. Paid on commission or per job basis (not hourly wage)
		20. Responsible for own business or travel expenses
		21. Purchases and/or furnishes own tools, equipment, and/or materials
		22. Has an investment in their own business and all decisions affect potential gain or loss
		23. Works for, or has the ability to work for, other entities at the same time as doing work for UM
		24. Markets and provides services to the public and is free to decide which services to offer and when to offer such services

Completed by the UM Department

Prepared by: _____

PI / UM Department / Supervisor: _____

Department: _____

Date: _____ Phone Number: _____

Authorized Signature: X _____

Completed by Purchasing

Reviewed by UM Purchasing Department: _____

Date: _____

Independent Contractor Status: _____

Employee Status: _____

State Reason for Approval: _____

Authorized Signature: X _____