

WORKER CLASSIFICATION REVIEW QUESTIONNAIRE

Name of individual/business _____

Departments must complete this questionnaire to determine if an individual is eligible to be paid as an independent contractor **before any contractor is engaged to perform services for the University.** This questionnaire is to be used for all services not included on the Industry Practice (IP) Checklist.

Can you use this form to pay an individual for services provided to ODU?

Is the individual a credit student at Old Dominion University?	Yes	No
Is this individual a <i>former</i> credit student who graduated or withdrew during the past 6 months?	Yes	No
Does the Commonwealth of Virginia currently employ this individual in any capacity?	Yes	No
Did the Commonwealth of Virginia formerly employ this individual in any capacity in the current or prior calendar year?	Yes	No

You may NOT use this form if you answered YES to any of the questions shown above, and the individual *MUST* be paid through the Payroll process.

If the answer is Ano,” you may complete the questionnaire and send it, along with the Independent Personal Services Certification Form (ISPC), to Human Resources before any contractor is engaged to perform services for the University.

A decision concerning the information contained on this questionnaire will be returned to you within 2 working days.

- If it is determined that the individual qualifies to be paid as an independent contractor, after the work has been completed, submit the Independent Personal Services Certification Form (ISPC) signed by the Independent Contractor, along with a copy of this questionnaire and the appropriate procurement documentation, to Accounts Payable for processing.
- If it is determined that the individual should be paid as an employee, please prepare the required paperwork to have the individual=s payment processed through Payroll.

QUESTIONNAIRE: Please provide the following information concerning the individual you are considering hiring. (Make additional comments where appropriate).

- Name of the individual/business: _____
Social Security Number _____ or Federal Identification Number _____
Business License Number _____
- Type of entity (circle one)
Individual Corporation Partnership
- Business address _____
- Describe services to be performed _____

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5. Period when services are to be performed _____

6. Amount to be paid for services _____

7. Is this individual immediately related to an employee in the department for which services are to be performed? (If the answer is yes, specify person and relationship).

8. Does ODU control the manner and means of how the work will be performed? YES NO

9. Describe any direction the University will provide in terms of the following:

A. How services will be performed? _____

B. When services will be performed? _____

C. Where services will be performed? _____

10. Will the University provide training for this individual? YES NO

11. May this individual designate another to perform services? YES NO

12. Will this individual hire, supervise and pay other workers to perform the service? YES NO

13. Does this individual have a place of business other than their home? YES NO

14. Will this individual be able or need to perform some of the services at a business location he/she provides for self? YES NO

15. Will the work be performed on University premises? YES NO

16. Will this individual determine his/her hours of work? YES NO

17. Will the University reimburse this individual for any expenses incurred (travel, telephone, supplies, etc.) while performing these services? YES NO

18. Will the University provide other support services such as photocopying, long distance telephone calling, or clerical support? YES NO

19. Will the University furnish the individual with tools, equipment,

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| | materials, or supplies? | YES | NO |
| 20. | Does this individual make his/her services available to the general public through advertising? | YES | NO |
| 21. | Does this individual have appropriate business licenses? | YES | NO |
| 22. | Does this individual provide these services to more than one employer? | YES | NO |
| 23. | Will this individual be paid on a lump sum basis? | YES | NO |
| 24. | If no, will they be paid by the hour, day, week or piece rate? | YES | NO |
| 25. | Will this individual be required to provide reports (oral or written) to University personnel? | YES | NO |
| 26. | Have you contracted with this individual before for similar services? | YES | NO |
| | If yes, please indicate the period(s) or previous contract(s). | YES | NO |
| 27. | Is there any other information which would support the treatment of the individual as an independent contractor? Please describe. | YES | NO |

Signature of Individual completing
this form

Date

Budget

Title

Department

DO NOT WRITE BELOW THIS LINE B FOR HUMAN RESOURCES USE ONLY

Payroll Verification/Determination

Independent Contractor

Employee

COMMENTS:

Reviewed by

Date