

**GEORGIA COLLEGE & STATE UNIVERSITY
INDEPENDENT CONTRACTOR / PER DIEM AGREEMENT**

PART I – To be completed by prospective independent contractor (i.e., the individual providing a service).

Are you a citizen of the United States? *Yes / No*

If the answer is “NO”, what visa type do you have? _____

If you are not a US Citizen or do not have Permanent Residence, you need to fill out a Foreign National Information Request Form. Call (478) 445-0697 or Visit Parks Hall, Room 204E.

Are you of legal age to work in the state of Georgia – 14 years or older? *Yes / No*

If yes, and you are still in high school, you must provide written permission to work from your school and attach it to this form. If you are younger than 14 years of age, you will not be eligible as an independent contractor with Georgia College & State University and must discontinue the process and notify the requestor of ineligibility.

Do you have a relative employed at the University? *Yes / No*

If “Yes”, you will not be eligible as an independent contractor to contract with Georgia College & State University and must discontinue the process and notify the requestor of ineligibility. If “No”, please continue with the form.

Name _____ Telephone _____ Fax _____

Home Mailing Address _____

E Mail _____ Social Security Number or EIN for above name: _____

Describe the Services to be provided: _____

Term of Service (specific dates): _____ Total Fee \$ _____

If the total fee is \$5,000 or more, there must be a detailed contract approved by the Vice President for Business & Finance

Section I – Relationship with the University	Yes	No
A. Do you currently work for the University or the University System of Georgia as an employee?	[]	[]
B. Has the University extended you an offer of employment	[]	[]
C. Have you worked as an employee of the University during the 12 months prior to the date of this contract?	[]	[]

If the answer is “NO” to all questions, proceed to Section II.

If the answer is “YES” to any of the questions, you should be classified as an employee and paid via payroll. Please have the requestor of your services contact Human Resources, and discontinue this process.

Section II – Classification Guidelines	Yes	No
A. Guest Speaker , Researcher and Other		
1. Will the University provide your course materials and tools?	[]	[]
2. Will the University reimburse you for course related expenses?	[]	[]
3. Will the University provide specific instructions regarding performance of the required work rather than relying on your expertise?	[]	[]
4. Will the University provide supervision of the required work rather than relying on your expertise?	[]	[]
5. Will the University determine your hours of work?	[]	[]

If the answer is “NO” to all questions, proceed to Part II.

If the answer is “YES” to any of the questions, you should be classified as an employee and paid via payroll. Please have the requestor of your services contact Human Resources, and discontinue this process.

Part II – To be read and signed by individual providing the service – SIGNATURE REQUIRED FOR PAYMENT

By signing below, I warrant and affirm that the information provided herein is true, complete and correct. I agree to personally, indemnify and hold Georgia College & State University harmless from any claim, damages or liabilities resulting directly or indirectly from reliance thereon. I understand that I qualify as an Independent Contractor and that I am responsible for any taxes resulting from this engagement.

Name (Print) _____

Title _____

Signature _____

Date _____

Return this signed form to the University department/unit that engaged you to perform services. **Do NOT begin work until** you have received a signed copy of this form from the University. This form constitutes an agreement between you and Georgia College & State University.

PART III– For Official Use Only – TWO SIGNATURES ARE REQUIRED FOR PAYMENT.

THIS PART TO BE COMPLETED BY UNIVERSITY DEPARTMENT/UNIT REPRESENTATIVE:

The University employee signing below warrants: That he or she has reviewed the information provided in Part I of this form; that the information is true to the best of the signer’s knowledge, and the individual’s representations regarding the services to be performed and concomitant compensation to be paid are correct.

The signer below should be the University Employee requesting the independent contractor’s services:

(Print Name)

(Signature)

I have reviewed Part I of this form and based upon my review, and/or other knowledge that I may possess, I have determined that Part I of this form is complete and the Individual named in Part I qualifies [] or does not qualify [] (You must check one and only one) you as an Independent Contractor.

The signer below should be the University Employee with the authority to request payment for the independent contractor.

_____ Date _____

(Print Name)

_____ Date _____

(Signature)

Department to be Charged _____ Amount \$ _____

Authorized Budget Representative: _____ Date _____

PART IV – For Official Use Only

THIS PART TO BE COMPLETED BY GCSU BUDGET OFFICE BEFORE WORK IS PERFORMED.

Funds are available: **Yes / No**

If “**No**”, please indicate an alternative funding source in Part III and return to the budget office.

Departmental Accounting Number to be Charged _____

If budgeted funds are available,

the form will be forwarded back to the University representative and the representative will forward to the Accounting Office for payment after completion of the work .