

**Tuskegee University  
Independent Consultant  
Request**

The information provided below will assist the University in determining whether the individual performing the services will be classified as a Consultant or an Employee. **Attach a separate sheet describing "Scope of work to be performed."** Complete a Purchasing Requisition and attach appropriate documentation. **Complete a (PAF) Personnel Action Form if the individual is classified as an employee.** This form should be used to obtain authorization for consultant services **PRIOR** to performance of work.

Consultant's Name: \_\_\_\_\_ Form Preparer: \_\_\_\_\_  
Name Phone

Department: \_\_\_\_\_

**I. Multiple Relationships with the University**

**YES** **NO**

- |  |                          |                          |
|--|--------------------------|--------------------------|
| A. Does this individual currently work for the University as an employee?  | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Is it currently expected that the University will hire this individual as an employee immediately following the termination of his or her contract. | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Has this individual been employed (including temporary) at the University in the past?  | <input type="checkbox"/> | <input type="checkbox"/> |

*If the answer is "No" to all questions, proceed to the questions in section II.  
 If the answer to questions A or B is "Yes", the individual should be classified as an employee and paid via the payroll system.  
 If the answer to question "C" is "Yes", contact Director of Human Resources for guidance.*

**II. Classification Guidelines (Complete ONLY ONE of IIA, IIB, or IIC depending on the services performed by the individual) and check the box that is applicable for each section.**

A. Teacher/Lecturer/Instructor Applies  OR Does Not Apply

**YES** **NO**

- |  |                                    |                          |
|--|------------------------------------|--------------------------|
| 1. Is the individual a "guest lecturer" (e.g. an individual who lectures at only a few class sessions)?                                | <input type="checkbox"/>           | <input type="checkbox"/> |
|  | Treat as an Independent Consultant | Go to #2                 |
| 2. a. Is the individual teaching a course for which students <u>WILL NOT</u> receive credit toward a University degree?                | <input type="checkbox"/>           | <input type="checkbox"/> |
| b. Does the individual provide the same or similar services to other entities or to the general public as part of a trade or business? | <input type="checkbox"/>           | <input type="checkbox"/> |

**Note: If the answer to both questions 2(a) and 2(b) above is "Yes", then treat the individual as an independent consultant. If the answer to either of questions 2 (a) or 2 (b) is "No", then go to question #3.**

**YES** **NO**

- |   |                                    |                          |
|---|------------------------------------|--------------------------|
| 3. In performing instructional duties, will the individual primarily use and select their own course materials? | <input type="checkbox"/>           | <input type="checkbox"/> |
|   | Treat as an Independent Consultant | Treat as an Employee     |

B. Researcher Applies  OR Does Not Apply

Researchers hired to perform services for a University Department are presumed to be employees of the University. If, however, the researcher is hired to perform research for a particular University professor or employee, please indicate which of the following relationships is applicable by placing a check mark in the appropriate blank:

**Relationship #1.** The individual will perform research for a University professor or employee under an #1 arrangement whereby the University professor or employee serves in a supervisory capacity (i.e., the individual will be working under the direction of the University OR Professor or employee).  Treat as an Employee

**Relationship #2.** The individual will serve in an advisory or consulting capacity with a University Professor or employee (i.e., the individual will be working "with" the University professor or employee in a "collaboration between equals" consultant type arrangement). #2  Treat as an Independent Consultant

(OVER)

C. Individuals Not Covered Under Sections IIA or IIB (e.g. Honorarium) Applies  OR Does Not Apply

- |   |                                    |                          |
|---|------------------------------------|--------------------------|
|   | YES                                | NO                       |
| 1. Will the department provide the individual with specific instructions regarding performance of the required work rather than rely on the individual's expertise?                   | <input type="checkbox"/>           | <input type="checkbox"/> |
|   | Treat as an Employee               | Go to # 2                |
| 2. Will the University set the number of hours and/or days of the week that the individual is required to work, as opposed to allowing the individual to set their own work schedule? | <input type="checkbox"/>           | <input type="checkbox"/> |
|   | Treat as an Employee               | Go to #3                 |
| 3. Does the individual provide the same or similar services to other entities and to the general public as part of a trade or business or are they an Honorarium?                     | <input type="checkbox"/>           | <input type="checkbox"/> |
|   | Treat as an Independent Consultant | Treat as an Employee     |

**Complete this section ONLY if the individual is a Consultant  
(Attach Consultant Agreement)**

**FORM 1099 INFORMATION SHEET**

Date: \_\_\_\_\_

EIN#: \_\_\_\_\_ OR SS#: \_\_\_\_\_

FULL NAME: \_\_\_\_\_

LAST, FIRST, M. I.

ADDRESS: \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY STATE ZIP CODE \_\_\_\_\_

TYPE OF SERVICE PERFORMED:

CONSULTANT

LECTURER

HONORARIUM

X- RAY FEES

OTHER SPECIFY - \_\_\_\_\_

Budget account(s) to be charged (GL#): \_\_\_\_\_

**Basis of payment:**

Per Day:\$  Per Month:\$  Single Payment:\$

Travel:\$  Per Diem:\$  Total Amount:\$

Beginning Date of Project: \_\_\_\_\_

Ending Date of Project: \_\_\_\_\_

\_\_\_\_\_  
Director of Human Resources Date

\_\_\_\_\_  
General Officer Date

\_\_\_\_\_  
Grants (if applicable) Date

\_\_\_\_\_  
Chief Information Officer Date  
(IT Personnel only)

\_\_\_\_\_  
Legal Counsel Date