

**PRAIRIE VIEW A&M UNIVERSITY**

**Determination of Independent Contractor Status**

Proposal or Project Number: \_\_\_\_\_

Research Administrator: \_\_\_\_\_

Individual Name or Types of Individuals: \_\_\_\_\_

1. Description of services to be provided:

2. Why should this individual *not* be employed by The Texas A&M University System?

3. Are regular oral or written reports required to be submitted by the individual?

\_\_\_ Yes \_\_\_ No If yes, describe:

4. Where will the services be performed?

5. Will you furnish any tools or materials? \_\_\_ Yes \_\_\_ No

If yes, describe:

6. Will you provide any training to enable the individual to perform in a particular manner?

\_\_\_ Yes \_\_\_ No If yes, describe:

7. Will you provide any instructions about when, where, and how this individual must perform the services?  Yes  No If yes, describe:

8. Period of performance for the services: From: \_\_\_\_\_ To: \_\_\_\_\_

9. Will the individual provide services to others during the above time period?

Yes  No If yes, describe:

10. Has the individual provided services for you in the past?

Yes  No If yes, describe and indicate time periods:

11. Do you plan to have this individual provide any services for you in the future?

Yes  No If yes, describe:

12. Does the individual advertise, or make services available to the general public?

Yes  No If yes, describe:

13. How did you choose this individual?

14. Is the individual currently an employee of The Texas A&M University System?

Yes  No If yes, list department:

15. Is the individual currently enrolled as a student at Texas A&M University?

\_\_\_Yes \_\_\_No If yes, list department:

16. Is the individual currently an employee of the Federal Government?

\_\_\_Yes \_\_\_No If yes, describe:

17. Is the individual a foreign national?

\_\_\_Yes \_\_\_No If yes, list visa type: \_\_\_B-1 \_\_\_WB Other:

18. Amount and type of payment:

19. Payment justification:

Completed By:

\_\_\_\_\_  
(Date)

\_\_\_ Independent Contractor

\_\_\_ Payroll \_\_\_\_\_

\_\_\_ Other \_\_\_\_\_

Reviewed By:

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Date)