

## MEMORANDUM

To: Vice Presidents, Deans, Directors, and Department Heads

From: Jayne L. Smith, Director of Faculty Affairs

Re: Services Agreement Between University System Institutions

Date: October 1, 2007

Please find attached the form entitled "University System Employees Consultant Services Agreement Between Institutions," sample routing slip, and the Employee-Independent Contractor Determination Checklist.

This consulting services agreement form is to be used whenever a person employed by a University System of Georgia (System) institution is paid to work for another System institution. Georgia law requires that a determination be made whether this person is to be considered a part-time employee or an independent contractor (noted on the form as consultant) of the requesting institution. This determination is noted in Item #5 of the Consultant Services Agreement Form. In order to help make this determination, please complete the Employee-Independent Contractor Determination Checklist. This determination has important consequences with respect to how this person can be paid. A person considered a part-time employee must be paid through payroll. Payment is ordinarily made to the providing institution, which in turn pays the person doing the extra work for the requesting institution. A person considered to be an independent contractor/consultant is paid directly by the requesting institution.

This form is only used when an employee of one System institution is paid to work for another System institution. It is inapplicable if the providing institution itself receives pay for its employee's work, if an employee serves without pay, or if work is performed for an entity which is not in the University System of Georgia.

Since this determination of whether a person is a part-time employee or an independent contractor/consultant is critically important, Susan Wells, Office of Legal Affairs, is charged to assist you. Therefore, upon completion of the Consultant Services Form and execution by the president of the other institution, please forward it with the description of duties and completed check sheet to Susan Wells, Office of Legal Affairs, 205 Lustrat House. Following her review, the Office of Faculty Affairs will assist in securing the signature of the President.

To be sure that all necessary approvals have been obtained, use the routing slip printed on blue paper. The form, blue routing slip, employee-independent contractor determination checklist and copy of this memo may be found at the following URL:

[http://provost.uga.edu/documents/consultant\\_institutional.pdf](http://provost.uga.edu/documents/consultant_institutional.pdf)

Thank you for your help in distributing this information to your units. Please feel free to give Susan Wells (706-542-0006) or Janet Sikes (706-542-0547) a call if you have any questions.

UNIVERSITY SYSTEM OF GEORGIA  
EMPLOYEE SERVICES AGREEMENT  
BETWEEN INSTITUTIONS

1. REQUESTING INSTITUTION \_\_\_\_\_ PROVIDING INSTITUTION \_\_\_\_\_

2. EMPLOYEE NAME \_\_\_\_\_  
EMPLOYING DEPARTMENT \_\_\_\_\_  
REQUESTING DEPARTMENT \_\_\_\_\_

3. REQUESTING INSTITUTION'S NEED for and description of services to be performed (attach additional sheets if necessary):  
\_\_\_\_\_  
\_\_\_\_\_

4. REQUESTING INSTITUTION'S JUSTIFICATION for obtaining part-time services from another University System employee in lieu of obtaining such services from a person not presently employed by the University System (attach additional sheets if necessary):  
\_\_\_\_\_  
\_\_\_\_\_

5. Employee to perform services as (mark one):

- Chaplain     Fireman     Dentist  
 Registered Nurse     Licensed Practical Nurse  
 Licensed Physician     Psychologist  
 Certified Oral of Manual Interpreter for Deaf Person  
 Teacher or Instructor of an evening or night course or program  
 Professional holding a doctoral or masters degree from an accredited college or university

6. MEANS OF EMPLOYMENT (see attached checksheet):     Part-time employee     Independent contractor

7. METHOD OF PAYMENT: Subject to performance of services, payment will be made via the Requesting Institution's normal processing channels. Unless other arrangements are made, payment for employees will be made to the Providing Institution, which will pay excess compensation to the employee. Payment for independent contractors will be made directly to the individual.

Account Number	_____
Amount to be paid for Services	_____
FICA for payments made to providing institution (add 7.65%)	_____
Reimbursable Expenses (travel, etc.)	_____
Total Estimated Cost	_____
Projected Dates of Service	_____
Payee (Providing Institution or Individual)	_____

8. CONTACT INFORMATION:

REQUESTING INSTITUTION

PROVIDING INSTITUTION

Name: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

E-mail: \_\_\_\_\_

\_\_\_\_\_

9. PROVIDING INSTITUTION'S CERTIFICATION OF AVAILABILITY OF EMPLOYEE:

I certify that the above person is available to perform the described services and that the performance of these services will not detract from nor have a detrimental effect on the performance of the person's employment at our institution.

\_\_\_\_\_  
Employee's Dean or Department Head

\_\_\_\_\_  
Date

10. APPROVED BY: \_\_\_\_\_  
President, Requesting Institution

\_\_\_\_\_  
Date

\_\_\_\_\_  
President, Providing Institution

\_\_\_\_\_  
Date

(Please Print This Form on Blue Paper)

OFFICE OF THE PRESIDENT  
ROUTING SLIP  
(Please staple to material)

DATE: \_\_\_\_\_

Point of Origination: \_\_\_\_\_  
(Please fill in office, department, etc.)

Description of Letter/Document:  
UNIVERSITY SYSTEM EMPLOYEES CONSULTANT SERVICES BETWEEN INSTITUTIONS

(Please denote review/approval of action requested by initialing appropriate line):

Faculty/Staff: \_\_\_\_\_

\*Office of International Student, Scholar and Immigration Services: \_\_\_\_\_  
(\*Required if non-immigrant visa is sponsored by UGA. Questions: 706-542-2900 or email [issis@uga.edu](mailto:issis@uga.edu))

Division Head/Other: \_\_\_\_\_

\*Dean/or Authorized Representative: \_\_\_\_\_  
(\*Mandatory)

Office of Legal Affairs: \_\_\_\_\_

Office of Faculty Affairs: \_\_\_\_\_

(Please transmit to Office of the President and indicate desired action)

1) For approval prior to mailing \_\_\_\_\_

2) For information only \_\_\_\_\_

3) Signature (document)   X  

4) Signature (letter and document) \_\_\_\_\_

COMMENTS (For President's Office): Return signed copy for review to:

Susan Wells  
Office of Legal Affairs  
205 Lustrat House

## Employee/Independent Contractor Determination Checklist

***Before*** an individual is retained to provide services, the following checklist should be completed to help determine whether an employer/employee relationship exists. The questions provided below will assist in determining whether the individual performing services will be classified as an employee for federal, state, and FICA tax purposes or as an independent contractor. This checklist is only a guideline. In all cases, specific circumstances must be considered and may result in a different determination.

Please mark each  as it applies.

	YES	NO
<b>1. Current Relationship with the Requesting Institution</b>		
<b>A.</b> Does the service provider currently work for the Requesting Institution as an employee?	<input type="checkbox"/>	<input type="checkbox"/>
<b>B.</b> Does the Requesting Institution desire to hire the service provider as an employee immediately following the termination of his or her services as an independent contractor?	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>If the answer is "NO" to both questions, proceed to further questions.</i></p> <p><i>If the answer is "YES" to either of these questions, the individual should ordinarily be classified as an employee.</i></p>		
<b>C.</b> Prior to the date on which the services are to commence, was the service provider on the Requesting Institution payroll (regular or temporary appointment)?	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>Proceed to Section 2; a "YES" here should be considered a factor weighing toward employee status.</i></p>		
<b>2. Classification Guidelines (Complete only <u>one</u> section, A, B or C, depending on the services to be performed by the service provider.)</b>		
<b>A. Lecturer/Instructor</b>	<b>YES</b>	<b>NO</b>
1. Is the service provider a "guest lecturer", e.g., an individual who lectures at only one or two class sessions?	<input type="checkbox"/>  <b>Treat as Ind. Cont.</b>	<input type="checkbox"/>  <b>Go to #2</b>
2. Is the service provider the primary instructor in a department course being offered for academic credit toward a university degree?	<input type="checkbox"/>  <b>Treat as an Employee</b>	<input type="checkbox"/>  <b>Go to #3</b>

3. Is the service provider the primary instructor in a non-credit adult continuing education course offered by the Requesting Institution?	<input type="checkbox"/> <b>Treat as Employee</b>	<input type="checkbox"/> <b>Go to Section C</b>
<i>If the answer is "NO" to all three of these questions, proceed to Section C.</i>		

<b>B. Researcher</b>	<b>YES</b>	<b>NO</b>
Researchers hired to perform services for a department of the Requesting Institution are initially presumed to be employees of the Requesting Institution. Please complete the following questions:		
1. Will the service provider perform work using facilities of the Requesting Institution (as opposed to facilities available to him/her outside of the Requesting Institution)?	<input type="checkbox"/> <b>Treat as Employee</b>	<input type="checkbox"/> <b>Go to #2</b>
2. Will the service provider perform research for a Requesting Institution's faculty member under an arrangement whereby the university faculty member serves in a supervisory capacity (i.e., the service provider will be working under the direction of the Requesting Institution faculty member)?	<input type="checkbox"/> <b>Treat as Employee</b>	<input type="checkbox"/> <b>Go to #3</b>
3. Will the service provider serve in an advisory or consulting capacity with a Requesting Institution faculty member or director in a "collaboration between equals" type arrangement?	<input type="checkbox"/> <b>Treat as Ind. Cont.</b>	<input type="checkbox"/> <b>Go to Section C</b>
<i>If the answer is "NO" to all three of these questions, proceed to Section C.</i>		
<b>C. Service providers Not Covered Under Sections 2A or 2B</b>	<b>YES</b>	<b>NO</b>
1. Does the service provider routinely provide the same or similar services outside of the Requesting Institution to the general public as part of a continuing trade or business?	<input type="checkbox"/> <b>Treat as Ind. Cont.</b>	<input type="checkbox"/> <b>Go to #2</b>
2. Will the Requesting Institution provide the service provider with specific instructions regarding performance of the required work rather than rely on the service provider's expertise and/or provide significant supplies and equipment for the worker?	<input type="checkbox"/> <b>Treat as Employee</b>	<input type="checkbox"/> <b>Go to #3</b>
3. Does the service provider engage in entrepreneurial activities in an established business at risk for loss?	<input type="checkbox"/> <b>Treat as Ind. Cont.</b>	<input type="checkbox"/> <b>Treat as Employee</b>

4. Does the service provider have his/her own insurance for work-related injuries?	<input type="checkbox"/> <b>Treat as Ind. Cont.</b>	<input type="checkbox"/> <b>Go to #6</b>
5. Does the service provider provide similar services to other clients?	<input type="checkbox"/> <b>Treat as Ind. Cont.</b>	<input type="checkbox"/> <b>Treat as Employee</b>

### 3. General Information

\_\_\_\_\_  
 (Service Provider's Name) Please Print

\_\_\_\_\_  
 (Service Provider's Mailing Address)

\_\_\_\_\_  
 (City)

\_\_\_\_\_  
 (State)

\_\_\_\_\_  
 (Zip Code)

Specific service to be provided: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Location where services will be provided: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Fee is based on: \_\_\_\_ Fixed Fee \_\_\_\_ Hourly Rate \_\_\_\_ Cost per unit \_\_\_\_ Other \_\_\_\_ Total Fee: \$ \_\_\_\_\_