

Augusta University



*Service Agreement Request (SAR) and
Employer/Independent Contractor Classification Checklist
For Professional Service Contract Payments*

The information provided below will assist Augusta University (AU) in determining whether the provider performing the services will be classified for federal, state, and FICA tax purposes as an employee of AU or as an independent contractor. Complete Section I, Section II, Section III, and Section IV as part of the Service Contract.

I. Vendor/ Provider Information

Provider's Name

Social Security #, Tax ID #, or Federal ID#

Provider's Address, City, State, Country, & Zip

Is the provider a USA citizen? Yes No If No: Resident Alien Nonresident Alien

If Nonresident Alien: Country of Residence & Visa Type _____

W9 Form Attached:

W8-BEN Form Attached:

8233 Form Attached:

If the Provider is a Nonresident Alien, notify the Tax Specialist, at 706-721-4364.

II. Multiple Relationships with the University System of Georgia

- A. Is the Provider currently employed by the University System of Georgia (USG)? Yes No
- B. During the past 12 months prior to this contract, did the Provider have a USG position (including temporary) that performed the same or similar services? Yes No
- C. Is the Provider receiving Retirement Benefits from past employment with USG? Yes No
- D. Is it currently expected that USG will hire the Provider as an employee immediately following the termination of the Service Contract? Yes No
- E. Is any member of the Provider's immediate family (i.e. spouse, child, or dependent) employed by USG? Yes No

If the answer is "No" to all questions, proceed to Section III.

If the answer is "Yes" to any of the 5 questions, the provider should be classified as an employee and processed through Human Resources.

Provider's Initials:

Date:

Requestor's Initials:

Date:

Expense Chartfield:

Fund Dept ID Program Class Project

Purpose/ Scope of Work: _____

Yes No Mail check to above address

Yes No Check to be picked up by: _____
Employee name

VI. Approvals

Approvers confirm the following:

- a. These services are essential and cannot be provided by AU personnel.
- b. The individual selected is the most qualified available considering the nature of the services required and time constraints.
- c. The fee is appropriate considering the qualifications of the individual and his/her normal charges.
- d. The individual is responsible for all federal, state, FICA, income taxes, and liability insurance.
- e. The individual has been made aware that they are not considered an employee of or an agent for AU.

Requestor's Name Requestor's Signature Date

Budget Manager's Name Budget Manager's Signature Date

Dept. Head/Chairman's Name Dept. Head/Chairman's Signature Date

If required:

Dean/Director's Name Dean/Director's Signature Date

Sponsored Accountant's Name Sponsored Accountant's Signature Date

Additional Approver's Name Additional Approver's Signature Date
