

MS REQUEST FOR PROFESSIONAL SERVICES FORM

___ Visiting Lecturer ___ Consultant ___ Other _____

Name: _____ Vendor Code: _____

Title: _____ Institutional affiliation: _____

Address: _____ Dates of Service: _____

Purpose of Visit: _____

Prepaid by UT-H: Registration Fee: \$ _____ Vendor Code: _____ BTA: \$ _____

Subsistence: \$ _____ Consultant Fee: \$ _____ per day \$ _____ TOTAL: \$ _____

Chart Field String: _____
Op Unit Dept ID Fund Project Program Class

Administrative Approval: _____

Chart Field Verification: _____

Has this person been previously employed by the UTHSC within the past twelve months? **Yes** **No**

Has this person received CPHS training? (*Attach a copy of certificate of completion*) **Yes** **No**

Under Grants Policy Statement there must be evidence that the selection process has been employed to secure the most qualified person available...What was the basis for this selection?

Please have the sponsoring faculty member or authorized official complete the following questions.

Yes No

1. Must comply with employer's instructions about the work (when, where, how)
2. May receive training from or at the direction of the employer.
3. Have a continuing working relationship with the employer.
4. Provide services that are integrated into the business.
5. Provide services that must be rendered personally.
6. Hire, supervise and pay employees for the employer.
7. Must follow set hours of work.
8. Work full-time for an employer.
9. Do their work on the employer's premises.
10. Must do their work in a sequence set by the employer.
11. Must submit regular reports to the employer.
12. Receive payments of regular amounts at set intervals.
13. Receive payments for business and/or travel expenses.
14. Rely on the employer to furnish tools and materials.
15. Work for one employer at a time.
16. Lack a major investment in facilities used to perform the service.
17. Cannot make a profit or suffer a loss from their services.
18. Do not offer their services to the general public.
19. May quit work at any time without incurring liability.
20. Can be discharged by the employer.

I approve the above referenced vendor as an Independent Contractor:

Sponsoring Faculty: _____ Dean's Office Approval: _____

Administrative Contact: _____ Interoffice Address: _____ Extension: _____ Email: _____