



Office of the Senior Vice President for Academic Affairs and Provost

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 President Adams.

To be sure that all necessary approvals have been obtained, use the attached routing slip printed on blue paper. The form, blue routing slip and copy of this memo may be found at the following URL: http://www.busfin.uga.edu/forms/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 EMPLOYEES
CONSULTANT SERVICES AGREEMENT
BETWEEN INSTITUTIONS**

1. REQUESTING INSTITUTION _____ PROVIDING INSTITUTION _____

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

3. 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.)

4. EMPLOYEE'S CERTIFICATION:

Employee to perform services as (mark one):

Name _____ Chaplain Fireman Dentist
_____ Registered Nurse Licensed Practical Nurse

Social Security # _____ Licensed Physician Psychologist

Employed by _____ Certified Oral or Manual Interpreter for Deaf Person

Employee's Signature _____ Teacher or Instructor of an evening or night course or program

Date _____ Professional holding a doctoral or masters degree from an accredited college or university

5. MEANS OF EMPLOYMENT:

Part-time employee

Consultant

6. METHOD OF PAYMENT: Subject to performance of services and approval of an invoice, payment will be made via the institution's normal processing channels. Payment for employees will be made to the providing institution, which will pay excess compensation to the employee. Payment for consultants will be made to consultant directly, unless other arrangements are made.

Account Number _____

Fee for Service _____

Estimated Reimbursable Expense _____

Total Estimated Cost _____

Projected Dates of Service _____

Payee (Institution or Individual) _____

7. 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/Department Head

Date

8. APPROVED BY:

President, Providing Institution

Date

President, Requesting Institution

Date

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: _____

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 | _____ |
| 2) | For information only | _____ |
| 3) | Signature (transmittal letter) | ____X____ |
| 4) | Signature (letters and forms) | _____ |

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

**Susan Wells
Office of Legal Affairs
205 Lustrat House**

(Please Print this Form on Blue Paper)

University of Georgia Employee/Independent Contractor Determination Checklist

Before an individual is retained to provide services to the University of Georgia, 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 of the University 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. If you still have questions after completing this checklist, please contact the Office of Legal Affairs (2-0006)

Please mark each as it applies.

1. Current Relationship with the University of Georgia	YES	NO
A. Does this individual currently work for the University of Georgia as an employee?	<input type="checkbox"/>	<input type="checkbox"/>
B. Does the University of Georgia desire to hire this individual 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>		
C. Prior to the date on which the services are to commence, was the individual on the University of Georgia 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>		
2. Classification Guidelines (Complete only <u>one</u> section, A, B or C, depending on the services to be performed by the individual.)		
A. Lecturer/Instructor	YES	NO
1. Is the individual a "guest lecturer", e.g., an individual who lectures at only one or two class sessions?	<input type="checkbox"/> Treat as Ind. Cont.	<input type="checkbox"/> Go to #2
2. Is the individual the primary instructor in a department course being offered for academic credit toward a university degree?	<input type="checkbox"/> Treat as an Employee	<input type="checkbox"/> Go to #3

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

B. Researcher	YES	NO
Researchers hired to perform services for a university department are initially presumed to be employees of the university. Please complete the following questions:		
1. Will the individual perform work using University facilities (as opposed to facilities available to him/her outside of the University of Georgia)?	<input type="checkbox"/> Treat as Employee	<input type="checkbox"/> Go to #2
2. Will the individual perform research for a university faculty member under an arrangement whereby the university faculty member serves in a supervisory capacity (i.e., the individual will be working under the direction of the University of Georgia faculty member)?	<input type="checkbox"/> Treat as Employee	<input type="checkbox"/> Go to #3
3. Will the individual serve in an advisory or consulting capacity with a University of Georgia faculty member or director in a "collaboration between equals" type arrangement?	<input type="checkbox"/> Treat as Ind. Cont.	<input type="checkbox"/> Go to Section C
<i>If the answer is "NO" to all three of these questions, proceed to Section C.</i>		

C. Individuals Not Covered Under Sections 2A or 2B	YES	NO
1. Does the individual routinely provide the same or similar services outside of the University of Georgia to the general public as part of a continuing trade or business?	<input type="checkbox"/> Treat as Ind. Cont.	<input type="checkbox"/> Go to #2
2. Will the department provide the individual with specific instructions regarding performance of the required work rather than rely on the individual's expertise and/or provide significant supplies and equipment for the worker?	<input type="checkbox"/> Treat as Employee	<input type="checkbox"/> Go to #3
3. Does the individual engage in entrepreneurial activities in an established business at risk for loss?	<input type="checkbox"/> Treat as Ind. Cont.	<input type="checkbox"/> Treat as Employee

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

3. General Information

_____ (Service Provider's Name) Please Print _____ (Social Security Number or Tax ID #)

_____ (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: \$ _____