

CONSULTING SERVICES COVER SHEET

Department:		College/Unit:	
MSU Investigator:		Phone Number:	
MSU Fund/Account Numbers:		Grant/Contract # (if applicable):	
Consultants Name:		Consultant's SSN/EIN:	
Consultant's Address:		Consultant's Employer:	

Description of Consulting Services:	
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Performance Period:	Start:		End:	
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Cost of Consulting:

(a) Fee/Hour:		(b) Number of Hours:	
(c) Total Fee: (a) * (b)			
(d) Travel Costs:		(e) Other Costs:	
Total Consulting Costs: (c) + (d) + (e)			

For Federally Sponsored Funding, Prior Approval Obtained?

Yes		No	
Not Required			

Certifications:

For non-MSU employees engaged to provide consulting or independent contractor services, the MSU Investigator certifies that no MSU faculty or staff can perform the work:

Justification:

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For Mississippi State University:

Endorsements:

MSU Investigator

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Date:

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Department Head

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Date:

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Dean/Director

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Date:

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Sponsored Programs if
from Restricted Funds

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Date:

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For Consultant

Approval and Acceptance of Agreement:

Consultant

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Date:

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(In signing this document you acknowledge and agree to the attached terms and conditions)

CLASSIFICATION CHECKLIST

I. General Information

Consultant's Name:	<input type="text"/>	Consultant's SSN/EIN:	<input type="text"/>
MSU Department:	<input type="text"/>	Phone Number:	<input type="text"/>
Administrative Contact:	<input type="text"/>		
Title of Consulting Project:	<input type="text"/>		
	(attach a brief description of services, required)		

Is Consultant a retiree participating in the State of Mississippi PERS system?

If yes, contact HRM and do not complete this form.

<u>Yes</u>	<u>No</u>
<input type="text"/>	<input type="text"/>

II. Relationship with Mississippi State University:

A. Does the Individual currently work for the university as an employee?

B. Is it expected that the university will hire this individual as an employee immediately following the completion of these services?

C. During the twelve months prior to the date of these requested services, was the individual a full- or part-time employee providing the same similar services?

D. Is the task more than of short duration and indicative of an ongoing relationship with the university?

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

If the answer is "No" to all questions, please proceed to the next section.

If the answer is "Yes" to any of the above, this individual should be classified as an employee and paid through payroll system.

III. Classification Guidelines:

A. For Teachers/Lecturers/Instructors

1. Is this individual a "guest lecturer", such as a person who lectures for only a few class sections?

If the answer to #1 is "Yes", then treat as an independent contractor. If "No", go to #2.

2. Does the individual provide the same or similar services to other entities or to the general public as part of a business?

If the answer to #2 is "Yes", then treat the individual as an independent contractor.

If the answers to both questions are "No", then this individual should be classified as an employee.

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

B. For Researchers

Researchers hired to perform services for a department are presumed to be employees of MSU. If the researcher is hired to perform research for a particular MSU faculty or staff member, please indicate which of the following relationships is applicable.

Relationship #1 The individual will perform research for an MSU faculty or staff member in an arrangement where the individual will be working under the supervision of that faculty staff member.

If the answer is "Yes", this individual would be an employee.

Relationship #2 The individual will serve in an advisor or consulting capacity with an MSU faculty or staff member. It will be an arrangement like that of a "collaboration between equals".

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

If the answer is "Yes", this individual will be an independent contractor.

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C. Individuals not covered would be an independent contractor.

1. Will the department provide the individual the specific instructions regarding performance of the required work rather than rely on the individuals own experience?

If the answer is "Yes", treat the individual as an employee. If "No", go to #2.

2. On an on-going basis, will the university set the number of hours and/or days of the week that the individual is required to work, as opposed to allowing the individual to set his/her own work schedule?

If the answer is "Yes", treat the individual as an employee. If "No", go to #3.

3. Does the individual provide the same or similar services to other entities or the general public as part of a business?

If the answer is "yes", treat the individual as an independent contractor. If "No", treat as an employee.

CERTIFICATION THAT ANSWERS TO THE ABOVE QUESTIONS ARE ACCURATE TO THE BEST OF MY KNOWLEDGE.

Department Head
Signature

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Date:

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DETERMINATION:

Human Resources Management has reviewed this employee versus independent contractors checklist and found the individual to be classified as follows:

EMPLOYEE CLASSIFICATION

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<or>

INDEPENDENT CONTRACTOR

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CERTIFICATION OF HRM:

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Signature/Initials

Date