

INDEPENDENT CONTRACTOR QUESTIONNAIRE

Service Provider Full Name	DBA	SSN	Fordham Id No. <i>(if applicable)</i>
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SECTION ONE

CURRENT OR FORMER FORDHAM EMPLOYEE PERFORMING SIMILAR FUNCTIONS

- a. If Individual is a current employee payment should be processed through the Payroll system.
- b. Is Individual a former employee of Fordham? Yes No
- If NO, please proceed to Section Two.
- If YES, please provide documentation to show that the Individual offers services to the general public. (e.g., advertisement, customer list, etc.) If documentation is available, proceed to Section Two. If documentation is not available, stop here; payment should be processed through the Payroll system.

SECTION TWO

BEHAVIORIAL CONTROL

1. Will you provide instruction about when, where, and how the work is to be done? Yes No
2. Will you provide training to the individual? Yes No
3. Will Fordham establish the hours of work? Yes No
4. Will the work be performed on Fordham's premises? Yes No

FINANCIAL CONTROL

5. Will the contract be based on hourly, weekly, or monthly rate? Yes No
6. Will Fordham pay the worker's business and/or traveling expenses? Yes No
7. Will Fordham furnish equipment, materials, tools, and/or supplies? Yes No

RELATIONSHIP

8. Does the individual offer services to the public? Yes No
9. Does the individual have the right to end his/her relationship with Fordham at any time without incurring liability? Yes No
10. Does Fordham anticipate a continuing relationship? Yes No
11. Will you integrate the worker's services into your daily operations by providing a Fordham email address, an office and requiring attendance at meetings? Yes No
12. Does the service provided relate directly to Fordham's purpose as an educational institution? Yes No

Dept Approval (Signature)	Dept Approval (Print Name)	Title	
Email		Extension	Date

HR Approval	Date	Status <input type="checkbox"/> Employee <input type="checkbox"/> Independent Contractor
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