**Employee/Department submitting request:**

 Employee Requesting approval Name/Title: Click here to enter text.

 Department Name: Click here to enter text.

**Independent Contractor Information:**

Name of Independent Contractor (if working through a third party vendor, list both the name of the vendor and the individual contractor): Click here to enter text.

Address: Click here to enter text.

City: Click here to enter text. State: Click here to enter text. Zip Code: Click here to enter text.

Phone/Email: Click here to enter text.

**Explanation for Request:**

 Summarize the work/service to be provided [purchasing supplies does not apply]: Click here to enter text.

 Proposed Start Date: Click here to enter text. Proposed End Date: Click here to enter text.

**Checklist to Determine Independent Contractor Status (NOTE: individuals who do not qualify as independent contractors may be considered for casual or other employment at WHOI):**

Is the service provided by contractor the type of work that is usually performed in your

department, or generally at WHOI? [ ] Yes [ ] No

Does the contractor have a trade, profession, or business that already

specifically performs the types of services being provided to WHOI? [ ] Yes [ ] No

Does the contractor provide his/her services to customers other than WHOI? [ ] Yes [ ] No

Will the contractor determine when, where, and how the work is done? [ ] Yes [ ] No

Will the contractor set his/her own hours? [ ] Yes [ ] No

Will the contractor provide tools, materials or equipment needed to do the work? [ ] Yes [ ] No

Will the contractor be paid on a regular pay schedule based on [ ] Yes [ ] No

his or her time (as opposed to being paid based on project milestones or completion)?

Has the vendor or the individual contractor ever been a WHOI employee? [ ] Yes [ ] No

Will someone at WHOI supervise the work of the contractor? [ ] Yes [ ] No

Who at WHOI will review the work performed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I certify under the pains of perjury that all of the above statements are true to the best of my knowledge. I understand that failure to fully and accurately provide information to my employer may result in disciplinary action up to and including discharge.**

**I further certify that, to the best of my knowledge, neither myself, nor any immediate family member, nor any WHOI employee who will review or utilize the services performed has any financial or other beneficial interest in the vendor or individual contractor.**

**Requester’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_**

**Supervisor/Approver’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_**

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| **Independent Contractor Review****For Procurement/HR Use & Signatures Only** **PROCUREMENT:** Review Date: Click here to enter text.Current W-9 on file? [ ] Yes [ ] NoDoes this vendor perform similar work for other parties? [ ] Yes [ ] NoDoes this contractor perform similar work for other organizations? [ ] Yes [ ] NoCertificates of Insurance provided or, approval to remain silent on Ins.? [ ] Yes [ ] No(All must be yes to forward this request to HR)PEID: Click here to enter text.Procurement team member completing review: Click here to enter text.Title: Click here to enter text.Sent to HR for Approval Date: Click here to enter text.**HUMAN RESOURCES:** Review Date: Click here to enter text.Has this individual been employed by WHOI in the past 12 months? [ ] Yes [ ] NoHas this individual ever been employed by WHOI?  [ ] Yes [ ] NoIf yes, state the dates and nature of employment in their previous WHOI positions if known: Click here to enter text.Position/Dept(s): Click here to enter text.Date(s) of Employment: Click here to enter text.HR team member completing review: Click here to enter text.Title: Click here to enter text.**Human Resources Approval by:** Click here to enter text.**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_**Please expedite approval! Please send a copy of this approval to Procurement once signed. Vendors and Requisitioners shall be advised of the status of this approval. **Procurements Approval by:** Click here to enter text. **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_**Purchase order and Independent Contractor Contract must be sent after satisfactory human resource approvals are in place. |