

WORKER CLASSIFICATION REVIEW QUESTIONNAIRE

Name of individual/business _____

Departments must complete this questionnaire to determine if an individual is eligible to be paid as an independent contractor **before any contractor is engaged to perform services for the University.** This questionnaire is to be used for all services not included on the Industry Practice (IP) Checklist.

Can you use this form to pay an individual for services provided to ODU?

Is the individual a credit student at Old Dominion University?	Yes	No
Is this individual a <i>former</i> credit student who graduated or withdrew during the past 6 months?	Yes	No
Does the Commonwealth of Virginia currently employ this individual in any capacity?	Yes	No
Did the Commonwealth of Virginia formerly employ this individual in any capacity in the current or prior calendar year?	Yes	No

You may NOT use this form if you answered YES to any of the questions shown above, and the individual *MUST* be paid through the Payroll process.

If the answer is Ano,” you may complete the questionnaire and send it, along with the Independent Personal Services Certification Form (ISPC), to Human Resources before any contractor is engaged to

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5. Period when services are to be performed _____

6. Amount to be paid for services _____

7. Is this individual immediately related to an employee in the department for which services are to be performed? (If the answer is yes, specify person and relationship).

8. Does ODU control the manner and means of how the work will be performed? YES
