

**JACKSONVILLE STATE UNIVERSITY
PROFESSIONAL SERVICES CONTRACT (PSC)**

The information provided below will assist the University in determining whether the individual or entity performing the services will be classified for federal, state, and FICA tax purposes as an employee of the University or as an independent contractor. Complete Section 1, Section II, and Section III (if necessary).

I. _____
 (Individual's, Entity Name) (Social Security #)

Department _____ Form Preparer _____
 (Name) (Phone #)

II. Multiple Relationships with the University

| | Yes | No |
|---|--------------------------|--------------------------|
| A. Does this individual or entity currently work for the University as an employee (including adjunct faculty)? | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Is it currently expected that the University will hire this individual or entity as an employee immediately following the termination of his or her PSC? | <input type="checkbox"/> | <input type="checkbox"/> |
| C. In the last 12 months, did the individual or entity have an official University appointment (including temporary)? | <input type="checkbox"/> | <input type="checkbox"/> |

*If the answer is "No" to all questions, proceed to the questions in Section III.
 If the answer is "Yes" to any of the 3 questions, the individual should be classified as an employee and paid via the payroll system.*

III. Classification Guidelines (Complete only one of IIIA, IIIB, and IIIC depending on the services performed by the individual or entity)

A. Teacher/Lecturer/Instructor

| | Yes | No |
|--|--------------------------|--------------------------|
| 1. Is the individual or entity a "guest lecturer" (e.g. an individual who lectures at only a few class sessions)? | <input type="checkbox"/> | <input type="checkbox"/> |
| | Contractor | Go To #2 |
| 2. a. Is the individual or entity teaching a course for which students will <u>NOT</u> receive credit toward a University degree. | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Does the individual or entity provide the same or similar services to other entities or to the general public as part of a trade or business? | <input type="checkbox"/> | <input type="checkbox"/> |

*If the answer to both questions 2(a) and 2(b) is "Yes," then treat the individual or entity as an independent contractor.
 If the answer to either of questions 2(a) and 2(b) is "No," then go to question #3.*

| | | |
|---|--------------------------|--------------------------|
| 3. In performing instructional duties, will the individual or entity primarily use course materials that are created or selected by the individual? | <input type="checkbox"/> | <input type="checkbox"/> |
| | Contractor | Employee |

B. Researcher

Researchers hired to perform services for a University department are presumed to be employees of the University. If, however, the researcher is hired to perform research for a particular University professor or employee, please indicate which of the following relationships is applicable by placing a check mark in the appropriate blank:

Relationship #1: The individual or entity will perform research for a University professor or employee under an arrangement whereby the University professor or employee serves in a supervisory capacity (i.e. the individual will be working under the direction of the University professor or employee). #1 _____ Employee

OR

Relationship #2: The individual or entity will serve in an advisory or consulting capacity with a University professor or employee and the individual provides the same or similar services to other entities or to the general public as part of a trade or business. #2 _____ Contractor

C. Individuals Not Covered Under Sections IIIA or III3

| | Yes | No |
|---|--------------------------|--------------------------|
| 1. Does the individual or entity provide the same or similar services to other entities or to the general public as part of a trade or business? | <input type="checkbox"/> | <input type="checkbox"/> |
| | Contractor | Go to #2 |
| 2. Will the department provide the individual or entity with specific instructions regarding performance of the required work rather than rely on the individual's or entity's expertise? | <input type="checkbox"/> | <input type="checkbox"/> |
| | Employee | Go to #3 |
| 3. Will the University set the number of hours and/or days of the week that the individual or entity is required to work, as opposed to allowing the individual to set own work schedule? | <input type="checkbox"/> | <input type="checkbox"/> |
| | Go to #4 | Contractor |
| 4. Does the University set the number of hours or days of work only in order to integrate the individual's or entity's work with the work of others? | <input type="checkbox"/> | <input type="checkbox"/> |
| | Contractor | Employee |

If employee, keep BA Form #20 for your files and complete normal employment process.

Jacksonville State University
Professional Services Contract

Encumbrance# _____
Vendor # _____

STATE OF ALABAMA, CALHOUN COUNTY. This contract and agreement, and by and between Jacksonville State University, herein called "JSU", and _____
SS# or EIN# _____, herein called "Consultant."

It is agreed by and between the parties that the undersigned will be compensated in the amount of \$ _____ for the satisfactory completion of the services as described below. This compensation is (mark one of the following)

in addition to travel and mileage includes travel expenses

Budget number _____ to be charged.

It is understood that any compensation under this contract will be paid in accordance with the appropriate Federal and State Tax Laws.

Description of Services and Date(s) Performed: _____

This contract and agreement is to be executed with the approval of _____,
Budget Manager.

In witness whereof, this contract and agreement has been executed on this, the _____ day of _____, 20__.

I certify that I have answered the questions on the first page in order to make a determination for independent contractor/employee status.

Professional Service Provider Signature

Budget Manager Signature

Street or Post Office Box

Dean/Director Signature

City ST Zip

Vice President Signature

Are you a retiree of the Retirement System of Alabama (RSA)? Yes No

Complete This Portion Upon Fulfillment of Services

This is to certify that the above contract has been satisfactorily completed and that the Provider should be paid \$ _____. The payment should be charged to Budget Unit # _____

Approved _____

Date _____