|  |  |  |
| --- | --- | --- |
| **1** | **Name of Payee:** | Click or tap here to enter text. |
| **2** | **Payee type:**  |  [ ]  Individual  [ ]  Sole Proprietor Business (LLC, etc.) |
| **3** | **Has Payee ever been employed at HWS?**  |  [ ]  No [ ]  Yes, Faculty/Staff [ ]  Yes, Student/Grad Assistant |
| **3a** |  **If “Yes”, what is the last year the Payee received a W2 from HWS?**  | Click or tap here to enter text. |
| **4** | **Will the services be performed on campus?**  |  [ ]  Yes [ ]  No |
| **5** | **When will the service start?**  | Click or tap to enter a date. |
| **6** | **When will the service end?**  | Click or tap to enter a date. |
| **7** | **Will Payee’s expenses be reimbursed?**  |  [ ]  Yes [ ]  No |
| **7a** | **If “Yes”, select all allowable expenses for reimbursement:** |  [ ]  Rental Car/Fuel [ ]  Mileage/Tolls/Parking [ ]  Meals [ ]  Lodging [ ]  Airfare/Taxi/Train [ ]  Other |
| **7b** | **Allowable Reimbursement Amount (Not to Exceed):** |  $Click or tap here to enter text. |
| **8** | **Will HWS pay the Payee by the hour, week, or month rather than by the job?** |  [ ]  Hour [ ]  Week [ ]  Month [ ]  Job |
| **8a** | **What is the rate of pay? (For example: 40 hrs @ $50/hr)** | Click or tap here to enter text. |
| **9** | **What is the estimated total contract cost?**  | $Click or tap here to enter text. |
| **10** | **Do you expect to hire this Payee as an HWS employee at the conclusion of the proposed service?**  |  [ ]  Yes [ ]  No |
| **11** | **Will the Payee use HWS equipment/supplies during the performance of this service?**  |  [ ]  Yes [ ]  No |
| **12** | **Will HWS instruct the Payee as to when, where and how to perform the service/job?**  |  [ ]  Yes [ ]  No |
| **13** | **Will the Payee receive training from HWS?** |  [ ]  Yes [ ]  No |
| **14** | **Has the Payee invested in facilities such as an office or equipment to perform the proposed services?**  |  [ ]  Yes [ ]  No |
| **15** | **Does the Payee make his or her services available to other businesses/individuals?** |  [ ]  Yes [ ]  No |
| **16** | **Is the work to be performed part of HWS’ regular business: educating students, conducting research, etc.?** |  [ ]  Yes [ ]  No |
| **17** | **Will Payee hire and supervise any HWS employee(s) or student(s)?** |  [ ]  Yes [ ]  No |
| **18** | **Will an HWS employee provide ongoing supervision to the Payee?** |  [ ]  Yes [ ]  No |
| **19** | **Will the Payee have to follow HWS’ scheduled hours of work?** |  [ ]  Yes [ ]  No |
| **20** | **HWS department engaging this Contract:** | Click or tap here to enter text. |
| **21** | **Name of the individual completing this form:**  | Click or tap here to enter text. |

HWS Finance Department
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