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| --- | --- | --- |
| **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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