

**GEORGIA GWINNETT COLLEGE  
INDEPENDENT CONTRACTOR / PER DIEM AGREEMENT**

PART I – To be completed by prospective independent contractor (i.e., the individual providing a service).

Are you a citizen of the United States? *Yes / No*

If the answer is “NO”, what visa type do you have? \_\_\_\_\_

***If you are not a US Citizen or do not have Permanent Residence, you need to fill out a Foreign National Information Request Form. Call (678) 407-5631 or Visit Accounting Services, Building B2600.***

Are you of legal age to work in the state of Georgia – 14 years or older? *Yes / No*

If yes, and you are still in high school, you must provide written permission to work from your school and attach it to this form. If you are younger than 14 years of age, you will not be eligible as an independent contractor with Georgia Gwinnett College and must discontinue the process and notify the requestor of ineligibility.

Do you have a relative employed at the College? *Yes / No*

If “Yes”, you will not be eligible as an independent contractor to contract with Georgia Gwinnett College and must discontinue the process and notify the requestor of ineligibility. If “No”, please continue with the form.

Name \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Home Mailing Address \_\_\_\_\_

E Mail \_\_\_\_\_ Social Security Number or EIN for above name: \_\_\_\_\_

Describe the Services to be provided: \_\_\_\_\_

Term of Service (specific dates): \_\_\_\_\_ Total Fee \$ \_\_\_\_\_

**\*If the total fee is \$5,000 or more, there must be a detailed contract approved by the Vice President for Business & Finance\***

<b>Section I – Relationship with the College</b>	<b>Yes</b>	<b>No</b>
A. Do you currently work for the College or the University System of Georgia as an employee?	[ ]	[ ]
B. Has the College extended you an offer of employment	[ ]	[ ]
C. Have you worked as an employee of the College during the 12 months prior to the date of this contract?	[ ]	[ ]

***If the answer is “NO” to all questions, proceed to Section II.***

***If the answer is “YES” to any of the questions, you should be classified as an employee and paid via payroll. Please have the requestor of your services contact Payroll & Benefits, and discontinue this process.***

<b>Section II – Classification Guidelines</b>	<b>Yes</b>	<b>No</b>
<b>A. Guest Speaker , Researcher and Other</b>		
1. Will the College provide your course materials and tools?	[ ]	[ ]
2. Will the College reimburse you for course related expenses?	[ ]	[ ]
3. Will the College provide specific instructions regarding performance of the required work rather than relying on your expertise?	[ ]	[ ]
4. Will the College provide supervision of the required work rather than relying on your expertise?	[ ]	[ ]
5. Will the College determine your hours of work?	[ ]	[ ]

***If the answer is “NO” to all questions, proceed to Part II.***

***If the answer is “YES” to any of the questions, you should be classified as an employee and paid via payroll. Please have the requestor of your services contact Payroll & Benefits, and discontinue this process.***

**Part II – To be read and signed by individual providing the service – SIGNATURE REQUIRED FOR PAYMENT**

By signing below, I warrant and affirm that the information provided herein is true, complete and correct. I agree to personally, indemnify and hold Georgia Gwinnett College harmless from any claim, damages or liabilities resulting directly or indirectly from reliance thereon. I understand that I qualify as an Independent Contractor and that I am responsible for any taxes resulting from this engagement.

Name (Print) \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Return this signed form to the GGC department/unit that engaged you to perform services. **Do NOT begin work until** you have received a signed copy of this form from the College. This form constitutes an agreement between you and Georgia Gwinnett College.

**PART III– For Official Use Only – TWO SIGNATURES ARE REQUIRED FOR PAYMENT.**

**THIS PART TO BE COMPLETED BY COLLEGE DEPARTMENT/UNIT REPRESENTATIVE:**

The College employee signing below warrants: That he or she has reviewed the information provided in Part I of this form; that the information is true to the best of the signer’s knowledge, and the individual’s representations regarding the services to be performed and concomitant compensation to be paid are correct.

The signer below should be the College Employee requesting the independent contractor’s services:

\_\_\_\_\_

(Print Name)

\_\_\_\_\_

(Signature)

I have reviewed Part I of this form and based upon my review, and/or other knowledge that I may possess, I have determined that Part I of this form is complete and the Individual named in Part I qualifies [ ] or does not qualify [ ] (You must check one and only one) you as an Independent Contractor.

The signer below should be the College Employee with the authority to request payment for the independent contractor.

\_\_\_\_\_ Date \_\_\_\_\_

(Print Name)

\_\_\_\_\_ Date \_\_\_\_\_

(Signature)

Department to be Charged \_\_\_\_\_ Amount \$ \_\_\_\_\_

Budget O cpci gt : \_\_\_\_\_ Date \_\_\_\_\_