



**Please email completed form to:** John Salvia, AND Accounts Payable  
 Tax Manager [jsalvia1@emich.edu](mailto:jsalvia1@emich.edu) [accounts\\_payable@emich.edu](mailto:accounts_payable@emich.edu)  
[jsalvia1@emich.edu](mailto:jsalvia1@emich.edu) [accounts\\_payable@emich.edu](mailto:accounts_payable@emich.edu)

## INDEPENDENT CONTRACTOR APPROVAL REQUEST

**Requesting Department/Division:** \_\_\_\_\_

**Contractor's Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**City, State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Is this contractor currently an EMU student? Yes: No:**

**Has this contractor ever been an employee of Eastern Michigan University? Yes: No:**

**If yes, state the date of last employment and nature of employment:**

<p><b>Requestor:</b> Person Who Will be Departmental Contact for Contractor</p>	<p><b>Department Approval of Request</b> Department Manager/Director of Requestor</p>
Requestor's Name (Type or Print Legibly)	Approver's Name (Type or Print Legibly)
Requestor's Signature _____ Date _____	Approver's Signature _____ Date _____
<p><i>Provide Explanation for Request (Attach additional sheets if necessary):</i></p> <p>1) <b>State Nature of Services that are being provided to Eastern Michigan University:</b></p> <p>2) <b>Does the worker have a separately established business which provides them the opportunity to make business decisions that would impact their ability to profit or suffer loss from the work being performed? Yes No</b></p> <p>3) <b>Does the worker pay for all their own business expenses? Yes No</b></p> <p>4) <b>Is this worker providing their services exclusively to Eastern Michigan University? Yes No</b></p> <p>5) <b>Will the Department provide the individual with specific instructions regarding performance of required work? Yes No</b></p> <p>6) <b>Will the Department set the individuals daily work schedule? Yes No</b></p> <p>7) <b>Will the individual perform the services on a continuing basis as part of the Department's ongoing operations? Yes No</b></p> <p>8) <b>Is EMU providing any training, tools, equipment or supplies? Yes No</b></p>	
<p><b>For Controller's Office Use Only:</b></p> <p><b>Qualifies for Independent Contractor Status: Yes: No:</b></p>	
<p><b>Approver's Signature:</b></p>	

For questions regarding completion of this form, please call the Controller's Office at (734)487-3328