



Please email completed form to: John Salvia, AND William McGee,
 Tax Manager Accounts Payable, Manager
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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:

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

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