TROY UNIVERSITY
AUTHORIZATION TO PROVIDE SERVICES

This form should be used to obtain direction from Human Resources for contracting "professional services" PRIOR to performance of work. The completed form will be returned to the requesting department. This Authorization to Provide Services form should be attached to the approriate form as indicated by HR when requesting authorization to engage services. Departments should not make any commitments to individuals PRIOR to receiving proper authorization through administrative channels**.**

Pay Information:

Is individual age 18 or older? ☐ Yes ☐ No -- Not eligible to provide services

If nonresident alien: Visa Type _____ Country of residence or origin _____

Name: _____
Last First MI

SSN: ___-___-____ or Federal Employer ID # ___-_____

Address: _____
Street City State ZIP

Check one: ☐ Non-employee ☐ Faculty ☐ Staff ☐ Retiree

Is the individual related to any employee of the University by blood or marriage? ☐ Yes ☐ No

If yes, please provide name of employee: _____

If individual is Faculty/Staff list Faculty Rank or Position Title _____

Department: _____ Campus/Location _____

Information about Services: ☐ Non-instructional ☐ Instructional

Department receiving service: _____ Account number _____

Departmental contact name and phone number: _____

Explain fully the nature of service to be performed (attach page if needed):

_____

_____

Estimated total payment: $_____ Basis of payment: ☐ per hour; ☐ per day; ☐ per month; ☐ single payment

Period during which services will be provided (mm/dd/yy): _____ to _____

If faculty /staff indicate time services are to be performed: _____

Other Required Information: Check Yes or No in the appropriate box for each question.

		Yes	No
1.	Does the University intend to control and direct the individual as to the details of how the work is to be performed, instead of dictating only the results of the work?	☐	☐
2.	Will the individual provide a similar service as performed by other University employees in this or any other department?	☐	☐
3.	Will the individual supervise or direct other University employees as part of the service provided?	☐	☐
4.	Will the individual provide his or her own equipment/tools/materials required to perform the services?	☐	☐
5.	Will the individual receive little or no training from the University on how to perform the services?	☐	☐
6.	Does the individual provide this service to the general public, including other businesses, as part of a trade or business?	☐	☐
7.	Will the individual's services be an integral part of the University's daily ongoing activities, or, in the case of sponsored research, be carried on during substantially the entire term of the grant or contract?	☐	☐
8.	Has the individual performed similar service for the University during the last 12 months?	☐	☐
9.	Except for a individual engaged to teach or lead classes, seminars, or similar meetings, does the University require the individual to be present in University facilities at certain times or on certain days to perform the services?	☐	☐

_____ _____ _____ _____

Associate Dean/Supervisor Date Human Resources Date

FOR HUMAN RESOURCES DEPARTMENT USE ONLY

Classification:	Appropriate Form for Engaging Services:	
___ Approved as independent contractor service	___ Independent Contractor/Consulting Agreement	___ Supplemental Pay
___ Approved as employee	___ Request for Personnel & Personnel Action	___ Adjunct Contract