# INDEPENDENT CONTRACTOR QUESTIONNAIRE

<table>
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<tr>
<th>Service Provider Full Name</th>
<th>DBA</th>
<th>Fordham ID No. (if applicable)</th>
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## SECTION ONE

### CURRENT OR FORMER FORDHAM EMPLOYEE PERFORMING SIMILAR FUNCTIONS

1. If Individual is a current employee payment should be processed through the Payroll system.
2. Is Individual a former employee of Fordham? □Yes □No
   - If NO, please proceed to Section Two.
   - If YES, please provide documentation to show that the Individual offers services to the general public. (e.g., advertisement, customer list, etc.) If documentation is available, proceed to Section Two. If documentation is not available, stop here; payment should be processed through the Payroll system.

## SECTION TWO

### BEHAVIORAL CONTROL

1. Will you provide instruction about when, where, and how the work is to be done? □Yes □No
2. Will you provide training to the individual? □Yes □No
3. Will Fordham establish the hours of work? □Yes □No
4. Will the work be performed on Fordham’s premises? □Yes □No

### FINANCIAL CONTROL

5. Will the contract be based on hourly, weekly, or monthly rate? □Yes □No
6. Will Fordham pay the worker’s business and/or traveling expenses? □Yes □No
7. Will Fordham furnish equipment, materials, tools, and/or supplies? □Yes □No

### RELATIONSHIP

8. Does the individual offer services to the public? □Yes □No
9. Does the individual have the right to end his/her relationship with Fordham at any time without incurring liability? □Yes □No
10. Does Fordham anticipate a continuing relationship? □Yes □No
11. Will you integrate the worker’s services into your daily operations by providing a Fordham email address, an office, and requiring attendance at meetings? □Yes □No
12. Does the service provided relate directly to Fordham’s purpose as an educational institution? □Yes □No

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<tr>
<th>Dept. Approval (Signature)</th>
<th>Dept. Approval (Print Name)</th>
<th>Title</th>
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<tbody>
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<td>Email</td>
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HR Approval Date |

- □ Employee □ Independent Contractor