



Request to Retain the Services of an Independent Contractor

Please provide the information below prior to signing a contract with the proposed Independent Contractor. No Independent Contractor may provide services until an Agreement is fully executed.

Do not use this form if the proposed Independent Contractor is an individual under the age of 18 or you have a direct personal relationship with the proposed Independent Contractor. Please contact the OGSR (X6276) if the proposed Independent Contractor falls in these categories.

Fund (Grant) Number: _____

Project Director/Principal Investigator's Name: _____

College/Department: _____

Contractor/Vendor Name: _____ Telephone Number: _____

Address: _____ Email Address: _____

Website: _____

Performance Period: From _____ to _____

Is Contractor a former St. John's University employee? Yes No

If Yes, provide employee's last date of employment _____

Position held _____ Name of supervisor _____

Describe the services to be rendered by the Contractor in the space provided:

Who at St. John's University will be responsible for administering the Contract? _____

When do you anticipate the Contractor will perform the services (e.g., during business hours, nights, weekends, etc.)?

Specify an estimated percentage of time for each location (ie, SJU campus, home, educational facility, etc.) List all locations where Contractor will perform services.

<u>Location</u>	<u>Percentage</u>
_____	_____
_____	_____
_____	_____

What are the supplies, equipment, materials and property to be provided by each party:

St. John's University: _____

The Contractor: _____

Will travel be required from the Contractor: Yes No If yes, Domestic Foreign

Total amount of pay the contractor will receive: \$ _____ Maximum dollar amount \$ _____

Please return this form along with the Contractor's resumè/CV to Adrianna Berlingerio, Office of Grants and Sponsored Research, Newman Hall 108 berlinga@stjohns.edu

Please forward a Vendor Request Form along with their W-9 to Barbara Dmowska, Business Affairs, Newman Hall, dmowskab@stjohns.edu You will be emailed a Vendor ID number (X number) to be used for creating a check requisition.

*In some cases, additional liability insurance may be necessary and required.

Project Director/PI Signature: _____ Date: _____

The Contractor will receive an IRS 1099 form if total payments for the calendar year exceed \$600.00.

Checklist

Completed "Request to Retain the Services of an Independent Contractor" (return to Adrianna Berlingerio berlinga@stjohns.edu)

Resumè or CV of Independent Contractor (return to Adrianna Berlingerio berlinga@stjohns.edu)

Certificate of Liability (if applicable) See Exhibit A. (return to Adrianna Berlingerio berlinga@stjohns.edu)

Vendor Request Form (return to Barbara Dmowska dmowskab@stjohns.edu)

IRS W-9 Form (return to Barbara Dmowska dmowskab@stjohns.edu)