



## 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.

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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:

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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.)?

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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 Karen Neroulias, Office of Grants and Sponsored Research, Newman Hall, 2nd Floor [neroulik@stjohns.edu](mailto:neroulik@stjohns.edu)

Please forward a Vendor Request Form along with their W-9 to Meaghan Thomann, Business Affairs, Newman Hall, [meaghan.thomann@stjohns.edu](mailto:meaghan.thomann@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 Karen Neroulias [neroulik@stjohns.edu](mailto:neroulik@stjohns.edu) )

Resumè or CV of Independent Contractor (return to Karen Neroulias [neroulik@stjohns.edu](mailto:neroulik@stjohns.edu) )

Certificate of Liability (if applicable) See Exhibit A. (return to Karen Neroulias [neroulik@stjohns.edu](mailto:neroulik@stjohns.edu) )

Vendor Request Form (return to Karen Neroulias [neroulik@stjohns.edu](mailto:neroulik@stjohns.edu) )

IRS W-9 Form (return to Meaghan Thomann [meaghan.thomann@stjohns.edu](mailto:meaghan.thomann@stjohns.edu) )