



Please email completed form to:
 Erin Green
 egreen32@emich.edu

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 _____

Provide Explanation for Request (Attach additional sheets if necessary):

- 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