

## CONSULTING SERVICES COVER SHEET

Department: <input style="width: 95%;" type="text"/> MSU Investigator: <input style="width: 95%;" type="text"/> MSU Fund/Account Number (s): <input style="width: 95%;" type="text"/> Consultants Name: <input style="width: 95%;" type="text"/> Consultants Address: <input style="width: 95%; height: 40px;" type="text"/>	College/Unit: <input style="width: 95%;" type="text"/> Phone Number: <input style="width: 95%;" type="text"/> Grant/Contract # (if applicable): <input style="width: 95%;" type="text"/> Consultants SSN/EIN: <input style="width: 95%;" type="text"/> Consultants Employer: <input style="width: 95%;" type="text"/>
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Description of Consulting Services:

Performance Period: Start:  End:

**Cost of Consulting:**

(a) Fee/Hour: <input style="width: 95%;" type="text"/>	(b) Number of Hours: <input style="width: 95%;" type="text"/>
(c) Total Fee: (a) * (b) <input style="width: 95%;" type="text"/>	
(d) Travel Costs: <input style="width: 95%;" type="text"/>	(e) Other Costs: <input style="width: 95%;" type="text"/>
Total Consulting Costs: <input style="width: 95%;" type="text"/>	
(c) + (d) + (e)	

**For Federally Sponsored Funding, Prior Approval Obtained?** Yes  No   
 Not Required

**Certifications:**

For non-MSU employees engaged to provide consulting or independent contractor services, the MSU Investigator certifies that no MSU faculty or staff can perform the work:

**Justification:**

**For Mississippi State University:**

**Endorsements:**

MSU Investigator	<input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
Department Head	<input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
Dean/Director	<input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
Sponsored Programs if from Restricted Funds	<input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>

**Approval:**

VP or Designee	<input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
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For Consultant

**Approval and Acceptance of Agreement:**

Consultant	<input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
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(In signing this document you acknowledge and agree to the attached terms and conditions)

# CLASSIFICATION CHECKLIST

**I. General Information**

Consultants Name:	Consultants SSN/EIN:
MSU Department:	Phone Number:
Administrative Contact:	

Title of consulting project:   
*(attach a brief description of services, required)*

	Yes	No
<b>Is consultant a retiree participating in the State of Mississippi PERS system?</b>	<input type="checkbox"/>	<input type="checkbox"/>

**If yes, contact HRM and do not complete this form.**

**II. Relationship with Mississippi State University:**

A. Does the individual currently work for the university as an employee?	<input type="checkbox"/>	<input type="checkbox"/>
B. Is it expected that the university will hire this individual as an employee immediately following the completion of these services?	<input type="checkbox"/>	<input type="checkbox"/>
C. During the twelve months prior to the date of these requested services, was the individual a full- or part-time employee providing the same or similar services?	<input type="checkbox"/>	<input type="checkbox"/>
D. Is the task more than of short duration and indicative of an ongoing relationship with the university?	<input type="checkbox"/>	<input type="checkbox"/>

*If the answer is "No" to all questions, please proceed to the next section.*

*If the answer is "Yes" to any of the above, this individual should be classified as an employee and paid through the payroll system.*

**III. Classification Guidelines:**

**A. For Teachers/Lecturers/Instructors**

1. Is this individual a "guest lecturer", such as a person who lectures for only a few class sections?

*If the answer to #1 is "Yes", then treat as an independent contractor. If "No", go to #2.*

2. Does the individual provide the same or similar services to other entities or to the general public as part of a business?

*If the answer to #2 is "Yes", then treat the individual as an independent contractor.*

*If the answers to both questions are "No", then this individual should be classified as an employee.*

**B. For Researchers**

Researchers hired to perform services for a department are presumed to be employees of MSU. If the researcher is hired to perform research for a particular MSU faculty or staff member, please indicate which of the following relationships is applicable:

**Relationship #1:** The individual will perform research for an MSU faculty or staff member in an arrangement where the individual will be working under the supervision of that faculty staff member:

*If the answer is "Yes", this individual would be an employee.*

**Relationship #2:** The individual will serve in an advisor or consulting capacity with an MSU faculty or staff member. It will be an arrangement like that of a "collaboration between equals."

*If the answer is "Yes", this individual would be an independent contractor.*

**C. Individuals not covered under IIIA or IIIB above:**

1. Will the department provide the individual with specific instructions regarding performance of the required work rather than rely on the individual's own expertise?

*If the answer is "Yes", treat the individual as an employee. If "No", go to #2.*

2. On an on-going basis, will the university set the number of hours and/or days of the week that the individual is required to work, as opposed to allowing the individual to set his/her own work schedule?

*If the answer is "Yes", treat the individual as an employee. If "No", go to #3.*

3. Does the individual provide the same or similar services to other entities or the general public as a part of a business?

*If the answer is "Yes", treat the individual as an independent contractor. If "No", treat as an employee.*

**CERTIFICATION THAT ANSWERS TO THE ABOVE QUESTIONS ARE ACCURATE TO THE BEST OF MY KNOWLEDGE.**

Department Head Signature:  Date:

**DETERMINATION:**

*Human Resources Management has reviewed this employee versus independent contractor checklist and found the individual to be classified as follows:*

EMPLOYEE CLASSIFICATION:

**CERTIFICATION OF HRM:**

<07>  
 INDEPENDENT CONTRACTOR/  
 CONSULTANT CLASSIFICATION:

Signature/Initials:  Date: