

## **Personal Services Form**

E-mail Form

Reset Form

This form is used to request an individual be paid as an independent contractor per the <u>UAB Personal Services Policy</u>. The form should be completed and submitted to the UAB Vendor Compliance (fa-vendorcompliance@uab.edu) **PRIOR** to the services being performed.

| I.   | PAYEE INFORMATION:   |
|------|--|
|      | Name:  *Terminal Degree (if any):  *Includes but not limited to: MD, DMD, PhD, EdD, DVM, DPH                                   |
|      | Address: City: State: Zip Code:  |
|      | Does this individual have any other relationship to UAB?  If Yes, enter UAB Employee ID#:                                      |
|      | Is the Individual currently receiving retirement benefits from Alabama Teachers Retirement?                                    |
| II.  | SERVICE INFORMATION:   |
|      | Period(s) during which the service is expected to be rendered (limit to 1 year):  Begin: End:                                  |
|      | **Total estimated payments: \$ **Travel reimbursements should <b>NOT</b> be included in the estimated pay value                |
|      | Please indicate the nature/frequency ofpayments:   |
|      | Location where services will be performed:   |
|      | Is the service to be provided a lecture:  If YES: Attach flyer/brochure  If NO - Provide detailed description of servicebelow  |
|      |  |
|      |  |
|      |  |
| III. | PLEASE SELECT YES OR NO FOR ALL NONLECTURE SERVICES:   |
|      | Will UAB have a legal right to control how the service will be performed or require compliance with UAB instructions?          |
|      | Will the individual be supervising or directing UAB employees as part of the service provided?                                 |
|      | Will the individual be providing his/her own equipment/tools/materials?  |
|      | Will UAB employees provide training to the individual on how to perform the service?   |
|      | Does the individual provide the same service to the general public (other businesses) as part of a trade or business?          |
|      | Will UAB require the individual to be present in University facilities at certain times/days to perform the service?           |
| IV.  | DEPARTMENT CONTACT INFORMATION: Questions concerning this contractor engagement (return PSFto):                                |
|      | Department Name: Contact Name:   |
|      | Phone: Email:  |
|      | Department Signature (only if required by department)  |
|      | FOR USE BY UAB VENDOR COMPLIANCE   |
|      | Independent Contractor Status Approved:   Independent Contractor Status NOT Approved:  |
|      | Process payment through Accounts Payable - Activity constitutes employee/employer relationship; payment must be issued through |
|      | Contract Required Payroll Services   |
|      | YTD Payments to Supplier: # through Accounts Payable: \$ Pending Non-Resident Tax Analysis                                     |
|      | UAB Vendor Compliance Date   |