

Independent Contractor/Employee Status Form

The information provided below will assist Mott Community College in determining whether the individual performing the services will be classified for Federal, State and FICA tax purposes as an employee of Mott Community College, or as an independent contractor. A copy of the approved form will be returned to you, as hiring manager. If the approved form indicates an independent contractor, you must enter a purchase requisition to initiate the procurement action. Once a purchase order number is assigned, notify Accounts Payable to process payments.

I have attached the Independent Contractor Questionnaire, draft of contract, and any supplemental information, such as the individual's business card, advertising or business letterhead, which supports the independence of the individual.

I understand that the proper status of the worker depends on the manner in which the work is performed and on the nature of the relationship between the worker and Mott Community College personnel responsible for the work being performed. Therefore, the status of the individual for federal employee tax withholding and related reporting purposes will be re-determined when the manner in which the work is performed or the relationship between the individual and Mott Community College changes sufficiently to alter the validity of this certification. I agree to notify the Human Resource Department if the status of the individual changes.

I hereby declare that the information provided in this document is true and correct and this I have sufficient knowledge of, authority and responsibility for the work to be performed under this contract to effectively complete the attached form.

Department for whom services are to be performed _____

Signature

Title

Date

Phone Number

Reviewed by Mott Community College Human Resource Department
I certify that I have reviewed the attached Independent Contractor Questionnaire Form and supporting documentation completed by the department named above and based on the results of the completed form: the individual (_____) to be engaged under this contract appears, for federal employment tax withholding and related reporting purposes, to be:

_____ **An Independent Contractor** _____ **An Employee**

Signature

Title

Date