

**AGREEMENT ROUTING FORM – COLLEGE OF MEDICINE and FAMILY MEDICINE**

TO: Contract Office, Box 70729

Contract Number \_\_\_\_\_

(Assigned by Contract Office)

TO BE COMPLETED BY DEPARTMENT:

Amount \$ \_\_\_\_\_  Expense  Revenue  No Cost Chart & Index \_\_\_\_ - \_\_\_\_\_  
 Contract Term: \_\_\_\_\_ to \_\_\_\_\_ # of Renewals \_\_\_\_\_

ETSU Department: \_\_\_\_\_ Responsible Person: \_\_\_\_\_

Contractor Name: \_\_\_\_\_ Contractor E# \_\_\_\_\_

Contractor Address: \_\_\_\_\_

Purpose of Agreement: \_\_\_\_\_

If this agreement is \$10,000 or more provide the bid documentation or sole source justification.

Type of Agreement:

<input type="checkbox"/> AAMC Training	<input type="checkbox"/> Facility Usage	<input type="checkbox"/> Preceptor	<input type="checkbox"/> Sponsorship
<input type="checkbox"/> Business Associate	<input type="checkbox"/> International Studies	<input type="checkbox"/> Resident Rotation	<input type="checkbox"/>
<input type="checkbox"/> Clinical Affiliation	<input type="checkbox"/> License Software	<input type="checkbox"/> Service w/ Business	<input type="checkbox"/>
<input type="checkbox"/> Dual Services	<input type="checkbox"/> MEAC	<input type="checkbox"/> Service w/ Person	<input type="checkbox"/>
<input type="checkbox"/> Amendment to Contract # _____			

If this agreement is for SERVICES with a PERSON complete the following:

Is this payment being made to or on behalf of a U.S. citizen or legal permanent resident?  Yes  No

*If no, contact the Office of Nonresident Alien Tax Compliance at 423-439-6887 or criggerj@etsu.edu*

Is the PERSON an employee of ETSU, another State/TBR school, or a State of Tennessee agency?  Yes  No

A.) Do other ETSU employees perform essentially the same duties that are to be performed by this PERSON?  Yes  No

B.) Has this PERSON previously been paid as an ETSU employee to perform essentially these same tasks?  Yes  No

If the answer to question A and/or B is YES, the worker must be classified as an employee and hired in accordance with personnel policies.

If the answers to questions A and B are both NO, the Employee vs. Independent Contractor Classification Criteria form must be completed:

<https://www.etsu.edu/bf/documents/employeevscontractor.pdf>

I hereby declare that the information provided in this document is true and correct and that I have sufficient knowledge of authority and responsibility for the work to be performed under this agreement to effectively make this certification.

\_\_\_\_\_  
 Signature of individual completing this form      Date      Approval      Date

Department: \_\_\_\_\_ Box #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
 Associate Dean      Date      Dean      Date

**Return by mail to COM F&A, Building 178, P.O. Box 70420**

FOR CONTRACT OFFICE USE ONLY	
Encumber <input type="checkbox"/> Yes <input type="checkbox"/> No	Financial Consideration \$ _____
To be signed by: <input type="checkbox"/> Pres <input type="checkbox"/> AA <input type="checkbox"/> Admin <input type="checkbox"/> Ath <input type="checkbox"/> B&F <input type="checkbox"/> HA <input type="checkbox"/> SA <input type="checkbox"/> UA	
Reviewed for content by University Attorney:	