

AGREEMENT ROUTING FORM

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"/> Athletics	<input type="checkbox"/> Dual Admissions	<input type="checkbox"/> Internship	<input type="checkbox"/> Service w/ Business
<input type="checkbox"/> Business Associate	<input type="checkbox"/> Dual Services	<input type="checkbox"/> License Software	<input type="checkbox"/> Service w/ Person
<input type="checkbox"/> Clinical Affiliation	<input type="checkbox"/> Facility Usage	<input type="checkbox"/> Performance	<input type="checkbox"/> Sponsorship
<input type="checkbox"/> Crafter License	<input type="checkbox"/> International Studies	<input type="checkbox"/> Preceptor	<input type="checkbox"/> Trade
<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: _____

FOR CONTRACT OFFICE USE ONLY

Encumber Yes No Financial Consideration \$ _____

To be signed by: Pres AA Admin Ath B&F HA SA UA

Reviewed for content by University Attorney: