

## 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 \$25,000 or more provide 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/COMPANY in breach of ETSU's Conflict of Interest Policy? ☐ Yes ☐ No

Policy Found here: <https://www.etsu.edu/bf/procurement/purchasing/purchasers/policies.php>

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 ☐ Yes ☐ No Financial Consideration \$ \_\_\_\_\_

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

Reviewed for content by University Attorney: