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:

☐ AAMC Training	☐ Facility Usage	☐ Preceptor	☐ Sponsorship
☐ Business Associate	☐ International Studies	☐ Resident Rotation	☐
☐ Clinical Affiliation	☐ License Software	☐ Service w/ Business	☐
☐ Dual Services	☐ MEAC	☐ Service w/ Person	☐
☐ 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:

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