

Worker's Name:

Social Security Number

PLEASE CHECK ONE BOX FOR EACH ITEM  
 YES                      NO

1. Is the worker free to perform services for a number of firms at the same time?
2. Are the worker's services regularly made available to the general public?
3. Must the worker devote substantially full-time to the work?
4. Can the worker realize an economic loss for non-performance other than the loss of payment for personal services?
5. Is the worker free to establish his/her own hours?
6. Has the worker invested in facilities or equipment in order to perform the service?
7. Will a significant portion of the work be done in GW facilities?
8. Will the worker receive training of any type?
9. Does a continuing relationship exist between the worker and GW?
10. If assistants are needed, will these be provided by GW?
11. Will the University determine or have the right to determine the order or sequence of the tasks to be completed?
12. Are progress reports required periodically?
13. Will the worker be paid on an hourly, weekly, monthly, or other periodic basis?
14. Will the worker be reimbursed for incidentals?
15. Will GW furnish tools other than specialized equipment?
16. Is the worker required to comply with instructions about where, when, or how he or she is to work other than general parameters?
17. Does the success of the project hinge on the performance of the worker?
18. Must the service(s) be rendered personally?
19. Can the worker be discharged for convenience as one would an hourly employee as opposed to discharge related to contract requirements?
20. Can the worker unilaterally terminate the work prior to completion without liability?

I certify that I have analyzed the services to be provided by the worker listed about against the Twenty Factors Test. Based on the results of this test, the worker to be engaged under this contract appears to be, for federal employment tax withholding and related reporting purposes, appropriately classified as an:     Employee     Independent Contractor

I have attached the Supplemental Information Form and any other documentation that supports this determination.

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 the University personnel responsible for the work being performed. Therefore, the status of the worker for federal employment tax withholding and related reporting purposes will be redetermined when the manner in which the work is performed or the relationship between the worker and the University changes sufficiently to alter the validity of this certification.

\_\_\_\_\_  
 Department for which services are to be performed

\_\_\_\_\_  
 Reviewer

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of requesting Department Representative

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Supply Chain

**SUPPLEMENTAL INFORMATION FORM**  
**(TO THE TWENTY FACTORS TEST)**

Department seeking to contract for services:

Workers's Name:

SSN:

Business Address of worker:

1. Does the University pay as employees others who perform essentially the same duties that are to be performed by this worker?

Yes      No      If yes, give example:

2. Has this worker previously been paid as an employee to perform this or any other tasks?    Yes      No

3. If yes, where/when?

4. Services Required and Dates to be Performed:

5. Terms of Payment (i.e., total contract amount, hourly/daily/weekly/monthly rate)

6. What type of investment has the worker made in his/her business and how does that investment relate to the job in question?

7. Describe what type of training or instruction, if any, will be provided for this work and by whom.

8. Describe any continuing relationship that may exist.

9. What is this worker's work schedule?

10. At what GW location will this work be performed?

11. To what other organizations does this worker provide essentially these same services?

12. Please provide any additional comments that would help in making a proper determination.

*If additional space is needed for any question, please attach a page. Be sure to number the question to which the additional comments pertain.*