

This form is used to request an individual be paid as an independent contractor per the <u>UAB Personal Services Policy</u>. The form should be completed **by the UAB department** and submitted to <u>grp-psf@uab365.onmicrosoft.com</u> **PRIOR** to the services being performed.

I. PAYEE INFORMATON

	TERMINAL DEGREE	(If any):	(e.g. MD, DMD, PhD, DVM)
ADDRESS:	CITY:	STATE:	ZIP:
Does this individual have any past or p	present relationship to UAB?	If Yes	, Employee ID#
Is the individual currently receiving ret	tirement benefits from TRS?	from TRS? Is Payee a US	
I. SERVICE INFORMATION			
Period(s) during which service is to be	. , ,	egin:	End:
**Total estimated payments: \$	**Travel reimbursements should		
	nancialaffairs/policies/contract-thresholds for c	contract routing requireme	nts Contract Requi
Nature/Frequency of Payments:			
Location (state and country) where set Is the service a lecture:	If YES – Attach flyor/brochuro. If N	D – Provido dotailod (Association of convice holow:
II. PLEASE SELECT YES (Y) OR NO (N) FO			
	now the service is performed or re	quire compliance w	vith UAB instructions?
Will UAB have a legal right to control r	iow the service is periorified of re		
	•	the service provide	
Will the individual be supervising or di	recting UAB employees as part of	•	
Will UAB have a legal right to control h Will the individual be supervising or di Will the individual be providing his/he Will UAB employees provide training t	recting UAB employees as part of r own equipment/tools/materials	?	
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To determine the next steps required to issue payment to the individual, please review <u>https://www.uab.edu/financialaffairs/contracting/vendor-compliance</u>.