



Contracted or Extra Services Payment Request Form

*This form is to be completed for every individual who is primarily providing services to Dixie State University. It should not be completed for businesses. This form should be sent to the **PAYROLL OFFICE** for both employees and contracted service payments. No payment will be made until the form is properly and fully completed and will only be made after service is complete.*

Name: _____ Date: _____

Dixie ID Number (or SSN): _____ Index Code to be Paid From: _____

Detailed Description of Service: _____

Dates of Service: From _____ to _____ Amount to be Paid: _____

- YES NO
- (1) Is the individual a relative of the supervisor or the person responsible for hiring?
(It may be a misdemeanor in the State of Utah for any employee of the State to hire a relative).
- (2) Is the individual currently employed at Dixie State University or have they been paid as an employee by DSU in the last year?

If you marked yes to question 2, the individual will be paid as a DSU employee for the above service. If the individual has been paid as a DSU employee in the last year, no additional forms are required. Validation of an employee's HR/Payroll history can be made through the Employee Validation Report within myDixie under Payroll Reports. If the individual has not been paid as a DSU employee in the last year, the individual will need to complete and submit to Human Resources a W-4 form and Section 1 of an I-9 form **BEFORE** any services are performed. Sections 2 and 3 of the I-9 form can only be completed by an individual authorized by the Human Resources Department to do so. Refer to the Payroll Calendar located on the Payroll Office website for pay periods, due dates and pay days.

For employees, please also complete the following (pertaining to dates of service above):

Total Number of Hours Worked: _____ Rate Per Hour: _____ (Amt to be paid/total # hours)

If you marked no to question 2, it is not easily determined whether the individual is an employee or an independent contractor. Please answer the additional questions on the back of this form prior to contacting the Payroll Department at ext. 7611 (if needed) to make the final determination, to find out if additional paperwork needs to be completed, and to find out when to expect payment. **Please do not promise payment at any time without contacting the Payroll Department first.**

YES NO

- (3) Is the individual hired to perform instructional services to students?
- (4) Does the individual own or represent a business with a name, license, and office independent of Dixie State University?
- (5) Does the individual perform this same service on a regular and consistent basis for the general public?
- (6) Is the individual responsible only for the completed job or result?
- (7) Does the University set out the direction on *how* the work is performed?
- (8) Does the University provide one or more of the following services/items: telephone, office space, computer or other office equipment, office supplies, training, delivery, shipping costs, insurance, or other goods and services?

If Yes, list items provided: _____

- (9) Does the University set work priorities for the individual?
- (10) Does the University provide any necessary equipment and tools to perform the job?
- (11) Is the individual prohibited from sub-contracting to a third party for completion of this service?
- (12) Is the individual prohibited from hiring assistants to help complete their work?
- (13) Is the individual hired to complete ongoing tasks (as opposed to completing a specific project)?
- (14) If mistakes are made, is it the responsibility of the University to cover any additional costs required to fix the mistake? (If the individual warrants their work – check ‘No’).
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APPROVALS:

All signatures are required unless specified and must be different individuals.

Signature of Immediate Supervisor

Signature of Sponsored Programs Office
(Only required if payment is from a grant/contract)

Signature of Budget Administrator
(Or next level supervisor if supervisor is Budget Admin)

Payroll Use Only

Checked by Payroll Contractor – A/P

Initials: _____ Employee - Payroll
